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THE ADDRESS IN THERAPEUTICS.

BY

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MR. PRESIDENT AND GENTLEMEN,—When the Council of this Association did me the honour of inviting me to deliver an address on the occasion of its visit to Edinburgh, and confided in me so far as to leave to me the choice of a subject, my choice fell where it may appear to many to have been too ambitious.

Therapeutics—the doctrine of remedies—the theory and practice of cures—the conclusive part of the art of healing—that branch of medical learning to which every other is merely prefatory, subordinate, or fundamental—without which everything else in physic, anatomy, physiology, pathology, nosology, are all alike practically useless—the science which teaches the actions and modes of action, the effects on health and on disease, and the special uses of the thousand articles, medicinal, dietetic, and regiminal, which have been established as the tools of the physician during an experience of two thousand years—that is the subject which, in its widest sense, I am called on to discuss, according to my fancy, on the present occasion.

I shall be very humble, however, in my endeavour to answer the call. For, indeed, from whatever side we look at the science of therapeutics, humility best becomes us all. I will not aspire to lay before you a new system of therapeutics; for neither can I devise, nor, unless I am greatly mistaken, can therapeutics itself at present supply, a new system which will stand inquiry. I will not attempt a retrospect of the recent progress of therapeutics; because such a retrospect would be rather the reverse of satisfactory. I have not even a list of new remedies to recommend to your notice, with my own estimation of them; for, though this is the "patent age of new inventions" in the materia medica, I submit that we have not much to boast of in the numerous additions which have been made of late years to our catalogue. My idea of the task I have undertaken is quite different. I believe I shall best execute it, if I simply lay before you a general sketch of the present condition of therapeutical science, and an inquiry into the circumstances which have for some time affected its progress.

If any physician of experience and candour will dispassionately examine himself, he cannot fail to confess, if he have not previously come to the conclusion, that therapeutics, considered as a branch, whether of medical science or of medical art, and compared with the other branches of medicine, whether fundamental or practical, is in a backward and unsatisfactory condition.

It is not enough to admit that for a good many years past medicine can point neither to a single great authority, nor to a single plausible or generally admitted theory, as to the actions of remedies. Even our therapeutic facts must be allowed to be too often scanty, vague, or insecurely founded.

In the history of physic, it was long the fashion to be never without a popular therapeutic theory. As every one knows, there was a time when the medical world, almost with one accord, believed in the doctrines of solidism as ruling the nature of diseases, and not less the mode of curing them. At another time, the doctrines of humoralism, not less prevalent, concentrated the attention on the fluids of the body as the seat of diseases, and the medium to be influenced by remedies. Afterwards, in this country, the theory of Cullen taught us to look to peculiar states of the capillary circulation as the source of disease, and the proper object of the action of remedies, and mainly to the nervous system as the mechanism for developing the necessary action. But soon after the dawn of the present century a clearer stream of thought conducted to the discovery, that all these so-called theories were no real theories at all, in the philosophical sense of the word; that is, not generalisation, of facts, but mere hypotheses, of airy foundation. A great revulsion has followed. Facts alone have come into demand, engendering often a cold and barren empiricism. Theory has been long at a discount. In the present day, no one can point to a single popular therapeutic theory. It is true that a strong tendency has latterly begun, to fall back on a modified doctrine of humoralism. But it has been hitherto only in a few diseases, and in respect to a few remedies, that changes in the constitution of the fluids of the body are admitted to govern morbid and curative actions. Medicine is far from being yet ripe for a general re-conversion to humoralism. In short, no therapeutic theory has for very many years taken firm hold of professional favour, or outlived an ephemeral existence.

It is, I apprehend, to this unpreoccupied state of the professional mind, together with the innate proneness of the human faculties towards hypothetical speculation, that we owe the partial success in these days of the grandest imposture in the history of modern therapeutics. All other quackeries which daily flourish and perish before us are simply empirical quackeries of the coarsest kind. They consist merely of a pretended fact; viz., that a particular substance infallibly cures a certain disease, or class of diseases. Success with them is a compound ratio of fortunate lying and lavish advertisement. Theory here would be supererogation. Hence it is that such quackeries present little or no attraction to the medical mind. It is rare that a medical man has adopted any quack nostrum, except his own.

But the famous author of homœopathy took his measures better. He came at a lucky hour, when neither his creed, nor he himself, had any popular rival to contend with. He knew medical human nature well, and was quite aware that the theoretical has invincible charms for the imaginative. He had a prurient invention, and struck out at once what must be admitted to be a grand hypothesis—that like is to be cured only by like—that disease is to be encountered by a parallel, and therefore neutralising, artificial disease. It is true that he had tremendous errors to maintain, in order first to found, and then to apply, this hypothesis. But still they were not so great as to be beyond reception by the credulous; and had his inventiveness been content with stopping there, the *Ὅμοιον Πάθος* might have flourished. Intoxicated, however, with this success, he ventured a bolder stroke, and professed also the doctrine of attenuated doses; so infinitely attenuated as to defy the external senses, surpass comprehension, and outrage common sense. Had he been somewhat more temperate in his "dilutions"; if, instead of dealing with billionths, trillionths, and decillionths of a grain, he had been content with palpable and visible hundredths or even thousandths, Hahnemann, escaping the shafts of ridicule, and descending from the heights of the impossible, would have made many more converts among the credulous in his profession. He might have founded a long-lived sect instead of finding only a few fleeting admirers. Instead of a passing meteor of the moment, he might have become at least a comet in the firmament of physic, brilliant though erratic, nebulous indeed and unsubstantial, but "perplexing nations". Let us be thankful that the extravagance of his pretensions laid bare their imposture; and let us leave him to the repose into which he and his doctrines are quietly subsiding.

Returning from this digression, I repeat that we can scarcely say what is the prevailing theory of therapeutics in the present day; and, indeed, there is very little encouragement to attempt one. In these times, a theory, to be attractive and lasting, must be a faithful generalisation of facts. But I am afraid that the facts of therapeutics must be left to accumulate before they can be generalised into a sound theory. It is not enough to admit that we have no well established theory; we must also confess that our facts are far from being satisfactory.

Allow me to illustrate my meaning by reference to some examples.

No diuretic, perhaps, has been more in use for at least half a century, and no other is more relied on at the present time, than digitalis. But see what blanks exist in our knowledge of its effects. For, 1. Physicians are not agreed as to its possessing diuretic properties in the healthy body; that is, apart from the presence of dropsical accumulations to supply the excess of excretion through the medium of absorption. 2. They are not agreed as to the relation subsisting between its diuretic action and its sedative action on the heart—some having apparently found that the two actions are incompatible; others, that they may co-exist. 3. A doctrine has been lately broached, that each of its two actions may be best developed by distinct pharmaceutic forms, and that the infusion is the most certain diuretic of all officinal preparations—a very unlikely fact, I must say, if it be true, as I believe it to be, that the principle digitalin concentrates in itself both the diuretic and sedative virtues of the plant, and, as we meet it in nature, is soluble easily in all ordinary pharmaceutic menstrua. 4. Some believe, not without reason—and yet we have no positive evidence of the fact—that certain agents, such as opium, interfere with the diuretic action of digitalis. 5. We do not yet positively know the dropsies in which its diuretic properties are available. It is well known indeed to be more successful, and more quickly successful, in general dropsy arising from diseased heart than in any other. But many have called in question—as I think, very unjustly—its utility, and even its safety, in the dropsy which attends disease of the kidneys. Many again are in the constant habit of giving digitalis in local dropsies, such as simple ascites, or hydrothorax after pleurisy; yet nothing can be more certain, according to my own observation, than that it very seldom has any action in purely local serous effusions, when it is administered internally. 6. We know that when it is applied externally in some of these rebellious local dropsies, it occasionally carries them off by diuresis, and with great speed too, and after all other means have failed. I have even known it succeed in that way in dispelling an excessive ascitical effusion in concurrence with an enormous nodulated strumous liver. But we have no positive information as to the precise pathological causes of ascites, or the precise sort of cases of any one particular kind of it, which admit of digitalis being thus used successfully; so that we are reduced to the necessity of trying it empirically in all, and of course often fail. These are surely great and serious gaps in our knowledge of this important and familiar remedy; and yet they arise simply from our ignorance of facts, which do not appear particularly difficult to settle.

Or take colchicum as another example. 1. We do not positively know which part of the plant, the seed, or the bulb, is the more powerful, and which the more uniform. 2. We do not know, although it is assumed that we know, the season of the year at which the bulb is most active. 3. Some prefer a tincture of the seeds; and this preparation is probably both most energetic, and most easily made uniform in energy: others prefer a vinous solution of the bulb: others an acetic solution of the bulb; others of the seed: and we do not yet positively know who is right. 4. Some administer drachm doses several times a-day, which others—of whom I am one—have found to be dangerous; and some obtain all the benefits for which colchicum is given by administering doses of one-third of that amount. 5. In order to attain its curative influence in acute rheumatism and gout, some have observed that it must be given so as to develope in a moderate degree its well-known physiological action on the bowels,—not that this action is necessary for the therapeutic action, but merely because it is the best evidence of the remedy having been administered to the necessary amount. Others again say, that no such evidence is wanted, and that the action of colchicum in gout and rheumatism is something peculiar and specific, a therapeutic action quite apart from all apparent physiological influences. 6. The world is not yet agreed as to the safety of arresting the paroxysm of gout by colchicum. It appears to me to be an error; but every one knows that many physicians of credit have supposed, that ultimately the practice undermines the constitution. Thus, here again is a whole string of unascertained facts of great importance to the successful use of a remedy which has been very long in everybody's hands.

Or take the drug sarsaparilla, which so many use with wonderful confidence. 1. We do not know its active ingredient; without which knowledge both druggist and physician are constantly liable to commit errors of administration. 2. We do not know the right mode of preparing it for use. Not many years ago all used with confidence decoctions and extracts, which almost all now allow to be inert. 3. Many think that the modern vacuum-extracts secure activity and uniformity; but we are told by one, who had apparently ample means of judging in the country where the plant is produced, that the fresh root is alone active; that in the dried state, in which it comes to Europe, all kinds of it are alike inert; and that all decoctions and extracts, even of the fresh root, are, to to use his own words, mere "offerings to the goddess of folly." 4. Practitioners are not agreed as to what physiological action it possesses, or whether it has any physiological action. 5. Apart from all these subsidiary, yet important, questions, there is a direct conflict of opinion among medical men as to the empirical fact, whether it is really a remedy at all for the diseases for which it has been long employed. In London it is generally regarded as a valuable means of cure. In this city there are few who do not consider it useless. These are all surely singular and grave doubts to exist still in regard to a drug so common and so costly.

Yet again, let us take opium, that most common of drugs, which is scarcely ever out of our hands. We cannot examine any one branch of its relations to the materia medica without finding occasion to lament our ignorance. 1. It is doubtful from which variety of the poppy the best opium is prepared; or rather, it is more than suspected that the kinds met with in commerce are always obtained from the wrong variety. 2. Many will not allow that its chief proximate principle, morphia, presents all the physiological actions of opium itself; there is no certainty as to the actions of its next most abundant principle, narcotine; little is yet known of the actions of the other crystalline bodies also found in it; and we are quite ignorant how all these principles stand related as modifiers of one another. 3. Is there really that difference which many believe to exist between the actions of the numberless Galenical preparations of opium, pharmacopœial and extra-pharmacopœial—laudanum, wine of opium, camphorated tincture, ammoniated tincture, vinegar, "black drop", Battley's solution, Jeremy's solution, Nichol's solution? It is impossible that they can all differ; but the most contradictory opinions are current as to their respective merits. 4. Can any one explain, why it is that one physician always uses morphia in the form of hydrochlorate, another the acetate, another the sulphate, another the meconate; and that each is convinced his favourite salt is the best? There must surely be some clear difference, either in kind or in energy of action, according to the acid, in these several salts, in order to justify any such preferences; but, according to theory, there ought to be no difference; and most probably there is none. 5. Among the physiological effects of opium, we do not yet accurately know its influence on the two great secretions, the urine and the bile. It certainly diminishes the mucous secretions and the saliva, and it retards the excretion of the bile and urine; the bile at least sometimes, and the urine almost always. But we have no satisfactory information as to the influence of opium on the biliary secretion; and the urine appears, on the whole, rather to be uninfluenced, except in so far as its long retention in the bladder causes inspissation, and the diminished tone of the bladder a difficulty in discharging it. 6. How little do we yet know of the causes of the occasional disagreeable action of opium, and even of its derivative, morphia! We are content to call them "subsequent", and, when severe, "constitutional" or "idiosyncratic". But they have certainly often nothing to do with constitution and idiosyncrasy, and depend really on previous disorder of the stomach; on being taken too soon after a meal, the digestion of which is arrested; on the pre-existence of certain morbid states of the system; and, perhaps oftenest of all, on unfounded prejudices on the part of the patient. 7. Lastly, how much do we know of the effects of the habitual use of opium? Are we to take for our direction the poetical account of the matter by the "English Opium-Eater", who says that all alleged by medical men of its effects consists of "lies! lies! lies!"? Or shall we rather take for our creed the more sober description of such recent medical authors as Mr. Little of Singapore, who has had long and ample opportunities of studying the subject there,

and who represents the habit to be destructive of the whole functions of both mind and body? Then, what are the details of its effects, in those frequent instances particularly in which, for a long time at all events, it does not seem to occasion the deadly injury which, until lately, every medical man regarded as inevitable? Which of its physiological actions continue? Which of them cease? What modifications does the habit occasion upon disease? What alteration does it make in the action of other remedies?

Were I not compelled to be economical of your time, I could easily overwhelm you with instances of the same purport from amongst our most familiar remedies—iron, aloes, camphor, nitrous ether, cantharides, ergot, citric acid, lobelia, rhubarb, henbane, hemlock, etc.—as to all of which there is an incomprehensible uncertainty of knowledge, and ignorance of matters of fact. It is impossible, however, to deny that the science of therapeutics, both in its principles and its fundamental facts, must be altogether in an unsatisfactory condition, when such simple questions as these continue to be a matter of doubt.

If we next proceed to inquire into the causes of this low condition of therapeutics, it will not be necessary to search long for them; for the simple explanation is, that the science has long been in want of cultivation and cultivators. On the general doctrines of therapeutics there has been in this country no author of note during the last forty years, except Dr. Headland; and, although one or two more have appeared in France, and there has not been any want in Germany of writers on the "Heilmittellehre", I am not aware that any work of foreign origin has been so approved as to have risen to the position of an authority on the subject. Even therapeutical inquiries on special remedies have been far from numerous.

The truth is—and there is no concealing it—that the extraordinary interest excited for some time past by the science of pathology has attracted to that branch of the practice of physic almost every original inquirer of note who has appeared in the ranks of medical practice for fully forty years past. No one has been left to care for the twin science of therapeutics. It is almost inconceivable, indeed, how engrossing a subject of research pathology has become of late years with many. To hear some men speak of it, we might suppose there was scarcely anything else in the domain of medicine which is worthy of consideration, and that it was really something more than a mere subdivision of the practice of medicine. It is well, however, that things have so fallen out. Pathology, forty years ago, was in a deplorably backward state; but now it stands out prominent, with the dignity of a systematic and favoured science. Nor is it possible that such a result could have taken place so speedily, without the devoted attachment of a whole host of assiduous inquirers; for it is not one of those sciences which the genius of one or two men, however gifted, could bring to perfection.

The thorough cultivation of pathology, too, was an essential preliminary to the thorough cultivation of therapeutics. Disease must be known before it can be cured; and many instances might be mentioned, in which accurate philosophical views of the pathology of disease have paved the way for an accuracy and precision in the researches of the therapeutical inquirer to which he would otherwise have been a stranger. What may we not hope for therapeutics, should the time arrive when the same engrossing ardour, which has been long applied to pathological researches, shall be turned in the direction of therapeutic physiology and practice?

Meanwhile, this transfer has not yet begun to take place. On the contrary, great discouragement has been held out in this country, from the highest quarters, to the cultivation of therapeutics. This proposition may startle the members of the British Medical Association, but it is not the less true; and I am glad to have so good an opportunity of rousing public attention to the fact.

Ever since the foundation of medical schools in the Universities of Scotland, early in the last century, therapeutics, as the principal branch of the materia medica, has occupied a conspicuous place in medical tuition. In this University, in which the course of instruction in materia medica has invariably been a six-months course, I should think that the department of therapeutics must occupy about two-thirds of the whole. In the hands of Cullen, who taught the chair of materia medica for a short time, it became little else than a chair of therapeutics. About five-and-thirty years ago, the Edinburgh College of Surgeons for the first time added a full course of materia medica to the requirements for its diploma; and it was afterwards followed by the sister College in London, as well as by the Apothecaries' Society there, the latter of which bodies had previously required a briefer course. To meet these requirements, the London lecturers, including the professors of University College and King's College, adopted the Scotch semestre for their courses of instruction.

But, a few years ago, the whole London Boards of Education, receiving a new light on the subject with marvellous unanimity—whence, or how, and how so simultaneously, it is for them to explain—resolved on a sudden that they had attached too much consequence to instruction in therapeutics, and declared by their regulations that a three-months course of lectures, delivered in summer, is the right way to teach materia medica. Of a curriculum of professional study extending to at least forty-eight months, students are informed that three months, or one-sixteenth part, is adequate for acquiring a knowledge of the properties of the agents on which they are to depend for the cure of all diseases. When we look to medicine as a practical art, we see in it two components only—the knowledge of diseases, and the knowledge of remedies: all other subjects of study are merely preliminary or fundamental. For acquiring a knowledge of diseases, ample space is allowed, and yet not too much; but it is represented that a knowledge of remedies may be acquired in sixty brief lectures. It can scarcely be that those who sanction such a rule are aware of the true scope of the materia medica. It comprises diet, regimen, and remedies proper, derived in infinite number from the mineral, vegetable, and animal worlds. Its ultimate aim is to teach the effects of all these agents on the human body in a state of health—that is, their physiological actions; and their effects on diseases—that is, their therapeutic actions; and, as an essential preliminary to all this, it treats of their sources, characters, genuineness, composition, preparation, and administration—that is, their pharmacy. It is simply ridiculous to talk of teaching a subject so comprehensive in the space of three months. Even though the entire branch of pharmacy be detached, in imitation of the school arrangements in some continental countries, and materia medica be consequently reduced to a chair of therapeutics only, the thing is impossible. It is only by some such curtailment that a lecturer can obey the requirements of the London educational boards.

Two thousand years ago, the ancient founder of the materia medica complained of ignorant attempts to mutilate it, and censured Iolas of Bithynia and Heraclides the Tarentine for leaving out entirely the botanical doctrines of his subject, "*τὴν βοτανικὴν παντελῶς ἐασαντες παραδοσιν*". But this is a trifle, compared with the amputations necessary in the present day to suit the Procrustean opinions of the London boards.

So low an appreciation of therapeutics, proceeding from authorities so respectable, is no great encouragement to the rising medical generation to extend the boundaries of that branch of science, or to more experienced votaries to dedicate their lives to the investigation of it.

But, to add to all these discouragements, it must also be confessed that therapeutics is a branch of medical science peculiarly difficult to cultivate. This remark applies to most of the departments of knowledge of which it is constituted. Some of these are integrant and essential, such as general and special therapeutics, according to the strict interpretation of the terms; others are collateral, such as pharmaceutic natural history and pharmaceutic chemistry; but all alike present arduous difficulties to the inquirer, and demand for their successful pursuit a union of qualifications which we seldom see combined. The natural history of pharmacy, indeed, comprising the sources and external characters of remedies, is already so far advanced as to be apparently within reach of being perfected. The approaching *National Pharmacopœia* will admit few articles of the materia medica which may not be accurately referred to their true sources in natural history, or incapable of being very exactly described by brief and precise descriptions.

In one section only of this branch is our information still seriously defective; viz., the circumstances in vegetation which affect the activity of medicinal vegetables. Empirical rules are laid down upon this point for the direction of druggists and herbalists. But they are all loose, and many of them inaccurate; and they have evidently been framed from old exploded theories, not from careful experiments founded on the modern state of vegetable physiology. I am surprised indeed that no one has taken up experimentally a subject which, from what little I have attempted, is pregnant with novel facts and interesting general deductions. I wish I could venture to illustrate this statement by examples, of which I could supply many from my own still imperfect inquiries. But I must be

content with referring to two only. Volatile oils are said to abound most in the leaves of plants when the leaves are mature and the flowers are about to expand. On applying this rule to the cherry laurel, an early flowering evergreen, I found that when the flowering is past, the young, imperfectly-developed leaves contain the largest quantity of hydrocyanated volatile oil, and that they yield weight for weight by distillation ten times as much oil as the full grown old leaves from the very same plants. Two conclusions may be drawn from this unexpected fact. The first is an interrogative one: what is the general law which regulates this deviation from a previously ascertained law, probably much more general in its application? The second conclusion is a positive one: for we have here clearly indicated a peculiar source of danger in using cherry laurel leaves for dietetic purposes, and a probable explanation of fearful accidents which used formerly to arise from their current use in cookery and confectionery. The other fact is this. Wishing to trace the influence of season, or rather the progressive changes in vegetation during the succession of the seasons, on some organs of plants, I chose, to begin with, one of our most poisonous vegetables, the *Œnanthe crocata*, partly that there might be no ambiguity about the phenomena, partly because I had ready access to a locality where it grows in abundance. But I encountered a most unexpected obstacle. The plant throughout every organ, and in every season, appeared to be not poisonous at all. The root, the leaves, and the seeds had no effect on animals, when administered largely, whether by the stomach, or through the cellular tissue. Subsequently I found that two other powerful umbelliferous narcotics are similarly circumstanced, the *Æthusa Cynapium*, and *Cicuta virosa;* and in short, that in this neighbourhood, the *Conium maculatum* is the only undoubted narcotic species of the same natural family. Nevertheless, the *Œnanthe crocata* is undoubtedly a most active plant in the south of England, and has even proved a poison so far north as in the neighbourbourhood of Liverpool. I draw no scientific corollary from these curious facts for the present. But I may allude to two secondary points,—*first*, that we have here an excellent illustration of the difficulties which surround all experimental inquiries and observations on the actions of remedial agents,—and *secondly*, that I would by no means advise that the *Œnanthe*, *Cicuta*, and *Æthusa*, should be made culinary vegetables in every part of Scotland.

Passing next to the pharmaceutic chemistry of remedies, it appears that the chemistry of the inorganic materia medica has been brought of late years far towards perfection. The processes for preparing remedies of this denomination are easy, economical, and precise; the products may be everywhere obtained by practitioners and their patients in a state of purity; and all important adulterations may be detected with ease and certainty by any one who possesses the moderate knowledge of practical chemistry which every medical student may now readily acquire. Practitioners, however, who have not attended to the late progress of this branch of the materia medica, may not be aware how much has been gained by it for therapeutics. Towards thirty years ago, a general feeling arose throughout many parts of England, as well as Scotland, that iodide of potassium did not deserve the credit assigned to it by earlier observers, in the treatment of sundry diseases; and some spoke of its being inert in large doses. At length an explanation was given. My attention happened to be turned to the commercial iodide, by failing in my lectures on medical jurisprudence to exhibit to my pupils the usual action of the salt as a test; and by degrees I arrived at the startling fact, that both England and Scotland had been for some time overrun with an article which consisted of ten per cent. of iodide of potassium, and ninety per cent. of moist carbonate of potash. I am ashamed to say that this article was manufactured by a firm in Scotland.

The chemistry of the organic materia medica is a much more difficult department, and by no means so far advanced. And yet enormous progress has been made by it, through the innumerable discoveries effected during the last forty years by the proximate analysis of vegetable and animal substances. The activity of many remedies has been traced to active proximate principles, which may be obtained pure and uniform, because they are crystallisable, and some of which have displaced in practice the crude drugs that yield them. Other organic remedies, chiefly vegetable, are evidently about to undergo the same reform. And though some persons still question the identity of action between these pure principles and the natural substances in which they are contained, I must say I have long felt no doubt that ere long we shall have few vegetable remedies in use except pure proximate principles, or their pure salts. But some principles have still to be discovered; for example, those of senna and castor oil, the discovery of either of which would make any man's fortune, if the principle should prove equally certain and equally mild with the crude drug. Other principles are not yet known in a state of purity; and others cannot be obtained cheaply enough by any process hitherto devised. In these instances we must be content, in the meantime, with using what are called galenical preparations, such as infusions, decoctions, tinctures, extracts, and the like.

But, let it be observed, in all that class of officinal forms we admit interminable sources of errors in pharmacy, and thence in therapeutical observation. For example, let me take the familiar form of extract, a common and convenient shape for administering very many vegetable remedies. It has been ascertained of late, that many aqueous extracts, especially those of narcotic vegetables, such as hemlock, henbane, belladonna, etc., are almost inert, and always very irregular in point of strength; that, unless prepared by peculiar processes, of which evaporation *in vacuo* is the most certain, they have little activity even when fresh; and that, however carefully prepared at first, they become inactive in the course of time. I have vacuum extracts prepared twenty-eight years ago, by the late Mr. Barry, who first proposed and made them; and they have evidently been for some time inert, or at least very much enfeebled in activity.

I wish that your leisure allowed of my discussing this subject more fully. It seems certain that, in regard to many vegetable remedies, and most of our potent ones—under the concurrence of heat, water, and atmospheric air,—one, or two, or all of these influences,—as in the preparation of infusions, decoctions, inspissated juices, and watery extracts—there is little security that the operator obtains a useful and permanent product. It seems also well established that, when a vegetable substance, as presented by nature, is meddled with at all by the pharmaceutic chemist, the most certain and permanent forms are the tincture and alcoholic extract: 1. Because the active ingredients of the vegetable world are, in their crude condition, universally and readily soluble in spirit; 2. Because spirituous solutions of them can be safely reduced to the state of extract without difficulty; 3. Because spirituous solutions and spirituous extracts undergo for a long time no diminution; I have alcoholic extracts of hemlock, which appear quite unimpaired in activity after twenty-five years, and were, at all events, proved to be so twelve years ago by careful experiments on animals; and 4. Because these two are among the most convenient of all galenical forms for use. Unfortunately, however, these important discoveries are in a great measure lost to British medicine. There is a fresh difficulty for the advancement of therapeutics. The British excise laws render the cost so material an element in the case of tinctures and extracts made with spirit, as to exclude them from common use.

But the difficulties which arise in the way of therapeutics from the condition of its accessory branches of knowledge, are as nothing when compared with those which are inseparable from the observation of the essential phenomena of therapeutic action itself.

The therapeutical inquirer must know, in the first instance, the effects produced by a medicinal substance on all the organs and functions of the healthy body; how these effects stand related, both in degree and in kind, to difference of dose, frequency of administration, form for use, and other circumstances connected with the remedy itself; differences in respect of the co-administration of other remedial agents, such as medicinal substances, dietetic articles, and measures of regimen; differences in the age, constitution, and habits of the individual to whom it is given; differences depending on the texture or organ to which it is directly applied. And, having ascertained all these complex phenomena, he has next to learn its action on every species of disease, the period of its efficiency in each, the collateral circumstances which favour its healing influence, those on the contrary which counteract it, and the supplementary means of neutralising such counteracting agents; the circumstances which contra-indicate the use of the remedy, and whether, and how, these contraindicants may be eliminated; and lastly, the measures for counteracting, or afterwards removing, collateral injurious influences exerted on the constitution by the remedy itself.

Let us only consider further, that we have to study all these agencies operating on so complex a machine as the living human body, modified as it is in an infinite variety of ways by the influences of civilisation; let it be also considered, that the results have to be contributed by a multitude of unconnected

observers, differing in accuracy of observation, in soundness of judgment, in mental culture, in prejudices to be overcome, in fidelity and conscientiousness as recorders of truth, and we shall truly be at no loss to discover how therapeutical inquiry is surrounded by enormous difficulties, compared with which those that beset other inquirers in medical science—the naturalist, the chemist, the anatomist, the physiologist, and even the pathologist and nosographer—dwindle into insignificance.

Let no man wonder, therefore, at the low comparative condition of therapeutics, or decry on that account the little comparative progress made by it since the commencement of the present century. And, above all, let it never be forgotten that advancement in all its departments must necessarily be subsequent in point of date to the maturing of pharmacy on the one hand, and of pathology and nosography on the other.

If all these considerations now put before you be kept in view, it will appear even a matter of admiration that so much has been really effected towards elevating therapeutics to the rank of a medical science. I wish very much that our leisure would allow me, in conclusion, to console you in some measure by a retrospect of what has been actually accomplished amidst so many and so great impediments. Were it in my power to do so, some perhaps might be induced to think that I have overrated these impediments, and unduly disparaged the present state of therapeutical investigation. But I must recollect how long I have already taken advantage of your indulgence.

If some competent systematist would undertake the Herculean task, not merely of collating, but also of valuing, the immense multitude of detached, and too often conflicting, facts in therapeutics accumulated since fifty years ago, when chemistry and pathology began to illumine the practice of physic in all civilised nations, I suspect we might be found to possess a more valuable generalisation of facts than most of us would be prepared to anticipate.

At any rate we can point to the introduction of some important new remedies, without which we of the present day would find it no easy matter to practise our profession, as, nevertheless, our fathers were compelled to practise it before us. Among the best established of these I may mention iodine, chlorine, creasote, pyroxylic spirit, chloroform, cod-liver oil, glycerine, quina, morphia, strychnia, bebeerina, veratria, tannin, hydrocyanic acid, croton oil, pomegranate root, shield fern in its new form, the best of all remedies for tapeworm; aconite, as recently investigated, not as it was known to Störck, who first used it; buchu, cubebs, lobelia, Indian hemp, raw cotton, ergot, besides others of less note or more doubtful reception. And among the grander results of modern inquiry may be instanced—1. The discovery of the active proximate principles of the vegetable and animal worlds, in itself sufficient to mark the period when it occurred as an era in therapeutics. 2. The discovery that remedial substances possess a certain community of action on the body, according to their place in natural and chemical arrangements; that, for example, the compounds of one metal have more or less similarity of action, amounting sometimes to a perfect identity; and that plants have scarcely more resemblance to those of the same natural family in external characters, than they present in the action which they exert on the animal system. 3. The discovery that most substantive remedies exert their action through the medium of absorption. 4. The discovery that, of our most potent remedies, not simply topical in their operation, a great proportion positively, and probably all, pass into the blood, and, through its intervention, into various textures of the body; thus leading to the probable conclusion, that they act on our organs by being carried in substance into their structure. 5. The discovery that medicinal and poisonous substances are carried out of the body through the channel of the secreting emunctories of the body; thus rendering it probable that morbific causes and products ought to be eliminated in the same way. 6. The discovery of a new action of remedies, lately rendered very probable, consisting of a diminution of the wear and tear of the textures of the body under the exercise of its functions. 7. The discovery of the chemical and dietetic treatment of the several morbid urinary diatheses. 8. The discovery that various cutaneous diseases cannot be successfully cured except by remedies which destroy the animal life, or vegetable life, on which the eruptions appear severally to depend. 9. The discovery that narcotic gases and vapours, when administered through the lungs, may be given to such an extent as to induce a state of coma, which but a short time ago would have been regarded as almost inevitably mortal, but which we now know to be not only perfectly safe in general, but even also applicable to most important objects in medical treatment.

10. The discovery, or at least the demonstration, of the influence of "self-suggestion" in favouring, as well as in imitating or obstructing the action of certain remedies, etc.

It would be easy for me to multiply these allusions; but, fortunately for your patience, when I had got thus far, I found that my time for preparing this desultory sketch had come to an end. Allow me to call your attention to only one circumstance connected with these examples of discovery in the more general doctrines of therapeutics. Scarcely one of them has been purely the discovery of one man. Each has required the independent research of several—often indeed of many—inquirers. Let us draw from this fact the conclusion, that so will it be in the future progress of therapeutics. Let every one, therefore, contribute his share to the general stock of knowledge, even though he may not see the bearings of the new facts which he observes or developes. And, above all, let us ourselves, and our successors, be convinced that important discoveries await him who will now enter expressly on therapeutic inquiry; and, stimulated by that prospect, let us pursue it, uninfluenced by the seductions of pathology, by the prejudices of educational boards, by the terrors of the excise, or the inherent difficulties of the investigation.

OBSERVATIONS ON SOME OF THE OBJECTS OF INTEREST CONTAINED IN THE MUSEUM OF THE COLLEGE OF SURGEONS OF EDINBURGH.

By W. Sanders, M.D., Curator of the Museum.

Mr. President and Gentlemen,—It is owing to the position which I have the honour to hold as Conservator of the Museum of this College that I have now the singular distinction and privilege of addressing you; and the subject of my remarks is entirely the cases of anatomical and other preparations that are contained in the Museum of this College. You have all to-night had an opportunity of walking through the museum and seeing the immense extent and variety of the collection; and you will therefore easily sympathise with me in the difficulty which I have found in selecting appropriate preparations to be presented to you. In making my remarks I will study brevity, and endeavour to take advantage, as much as possible, of the limited time that is put at my disposal. As, however, I have a professional audience to address, I will take the liberty of avoiding details and preliminaries, and proceed at once, and in a short manner, to my description of the different preparations. Before doing so, however, I shall merely mention to you what our museum consists of.

In the front room there is the collection of the late Dr. Barclay—a very splendid collection of preparations both of human and comparative anatomy, and also a few morbid specimens. In the long room which you next enter, and which, you would have observed, is splendidly lighted and admirably adapted for the display of preparations, you have the largest of the collections, consisting chiefly of the Bell Collections, made by Sir Charles Bell, and obtained by him from the Windmill Street School, and by Mr. Wilson of that school, and added to by the donations from fellows and conservators, such as Knox, Macgillivray, and Goodsir. This is by far the finest part of our collection, and comprises many specimens, in a very complete state, of healthy and comparative anatomy on the floor, and pathological anatomy in the galleries, which latter is one of the finest collections in Europe. I shall merely, of course, select a few specimens from each of these collections, and chiefly from the pathological department, which contains by far the greatest number of specimens, some of them being exceedingly rare and curious.

In regard to human anatomy, I shall lay it entirely aside, because there is nothing very particular in it that I could show you.

I will pass at once to the comparative anatomy, and begin with one of the specimens which is a very curious one, because it seems we have had some wrong impressions in regard to it. The subject to which I refer is the tusk of the narwhal, or beaked whale. This is called by many the sea-unicorn; and the tusk is of enormous weight and strength. The specimen we have is a complete skeleton of this animal, which was presented by Captain Scoresby. It is about eighteen

feet in length altogether. The length of the body is about thirteen feet, and the projection of the tusk is five feet. There is another specimen still larger, having the tusk projecting eight feet. This is a very formidable weapon, and is of a beautiful spiral form. This, you may say, is interesting to see, also, as being the organ in the animal kingdom from which the tusk of the unicorn of the Royal Arms is drawn. It was originally supposed to be a horn, but observation has shown that it is only an enormous tooth.

This tooth has generally been described as an incisor tooth, but I find that it is not so. The facts are, that in the young animal there are two hollow tusks or teeth; one becomes developed and hollow, while the other becomes solid, and remains concealed in the jaw. On the left side, where the tooth is developed, the face is largely developed; whereas, on the other side, the jaw-bone remains small. By the development being on one side, this tooth forms a very formidable weapon indeed, so that you can easily imagine that an animal twenty feet long, with a tusk of this kind, would be capable of effecting a very severe blow; and it has given rise to a number of stories about such animals striking vessels so severely as to knock a hole in the vessels, which then foundered; but these, of course, are exaggerations. What I wish to say particularly in regard to this subject is, that, in almost all works, this tooth has been described as an incisor, and more especially as being inserted in the intermaxillary bone. Really, however, it is a canine tooth in the jaw-bone; and this is well proved by these preparations. The only book in which I have found this tooth properly explained is Van Der Hoeven's *Zoology*, translated from the Dutch this last year. This case will show us, as a general rule, that in all anatomical questions it is essential to refer to the young animal as well as to the old.

I pass on now to another and perhaps more interesting part, namely, the pathological preparations. This collection, which is very complete, refers both to surgery and to medicine; and I have a few remarks to make in regard to the surgical part.

The subject on which I will say a few words is one which is indeed still an undecided question; namely, fracture of the neck of the thigh-bone within the capsule—intracapsular. This fracture, there can be no doubt, is most frequently united by a ligament, with the absorption of the neck. The unfortunate result of such accidents is, that they do not cure; the bones do not unite: and the question has arisen, whether these fractures are capable of union by bone within the capsule? This is denied by many authorities, who maintain that, when broken within the capsule, the thigh-bone can never be united. You will be able to judge, by the statements which I am going to make to you, how far the contrary will be proved; and to see how far it is possible to have a union by bone. There is a specimen here in regard to which a letter was published by Dr. Begbie so far back as 1826. A lady fell down a stair, and was confined to bed for a considerable time before she could walk about. This specimen shows that there was a bony union; and the only question comes to be, whether the bone that was broken became joined to the other bone? Sir Astley Cooper stated that the cartilage here was slightly diseased, showing that the joint was not a sound one. This specimen, therefore, while it is thought by some to be a true specimen of osseous union, is regarded by others merely as an example of a diseased joint closely resembling union.

I have now to come to a specimen which we have lately got, and which is tolerably complete. This specimen was obtained a couple of years ago, and the history of the case is shortly as follows:—In May 1854, an old lady, aged 70 or upwards, while crossing the street, was struck by a plank of wood projecting from a cart which was driving hurriedly past. She fell on her right hip, and, being unable to rise, was removed to her own house adjoining, and was seen half an hour afterwards. The limb was shortened, and there was a complete eversion. The heel of the right foot lay behind the left ankle, and there was a complete loss of the power to move it. The limb could be extended to full length, but when let go, it shortened and fell outwards. There was pain in the hip, which increased on the inward rotation being made. There was no difficulty as to the diagnosis of intracapsular fracture. Mr. Lizars of Edinburgh saw the case shortly after the injury, and was entirely of this opinion. At the end of eight weeks the power of the limb was regained, and in the course of another month she was able to walk tolerably well on crutches. When the limb was now examined, it was found that it was shortened about one-half or three-quarters of an inch, and that it was permanently everted. At the end of a year, the lady could walk well with a thick-soled shoe and a stick. Next spring, she had an attack of bronchitis, attended with congestion of the lungs, and she died in April, a year and eleven months after receiving the injury. With some difficulty the hip-joint was procured, and it has been divided and put into two glasses. When the specimen was examined, the capsule was found to be somewhat thickened, and there were some adhesions of the synovial membrane lining the capsule with that on the neck of the bone, but the acetabulum was quite healthy; the cartilage also was perfectly healthy, in this respect differing from general specimens. The head of the bone was depressed towards the lower trochanter; and its upper surface was on a level with the great trochanter. The neck of the bone, also, was somewhat shortened, and was bent so that the anterior surface of the neck was convex, or projected forward; and the head of the bone was displaced backwards towards the posterior intertrochanteric line. When you examine the other part of the bone outside, you see the capsule corresponding with this projecting part of the neck, with a line running lower to the bone, which presents the appearance that you would expect from the displacement of two fragments of bone projecting in the way represented here. When you examine the specimen sectionally, you have ample evidence of the complete reunion of the fractured bone. Thus you find that the cancellous structure of the head and of the trochanter is quite normal. The line of the dense bone across the neck, just in the seat of the fracture, is quite compact below and above, though somewhat opened out and cancellous about the middle. I think, therefore, when you consider the evidence of displacement of the head of the bone, and of this line of dense bone seen upon section, there can be little doubt that it is apparently a very demonstrative pathological specimen of union of the fracture of the thigh bone; and a number of cases have accumulated, and are constantly accumulating, which lead to the confirmation of the idea of osseous union. There are also a number of specimens of chronic rheumatism, which I invite you to inspect, as they are very rare specimens.

I go now from the surgical to the medical preparations in the collection; and shall limit myself to a very few here. The most interesting, I wish to say, are specimens which I think are nearly peculiar to Edinburgh.

The first is the specimen of a coal-miner's lung. That lung is perfectly black, as if it were infiltrated with soot and charcoal; and the first idea that we are apt to form of such specimens is, that as they occur almost always in coal-miners, and others working in such places, the lung is actually impregnated with charcoal dust. You are aware that there has been a great deal of discussion as to whether this is actually the case or not. One set of authorities maintain, that the origin of this black matter is extraneous; while another set maintain that it is the same as the black pigment which grows in the lungs of older people,—a deposit from the blood. You will examine the two specimens before us, and see how far they carry out either of these ideas. At first you would be apt to say, that the deposit consists of coal placed in the lungs; but when you come to consider the whole matter very minutely, it is very difficult to say that it is so. Chemical analyses were made of this matter, and they seem to make it out that it consists nearly of pure carbon. Chemistry, however, can give us no possible solution of the question; in fact, in the present state of pathology the nature of this pigment must be looked upon as still undecided; but recently the opinion has gradually been gaining ground that it is not of extraneous origin; that it is not the simple coal going into the lungs; but that, on the contrary, it is a pigment, like other pigments, formed by changed hæmatin. One circumstance in particular favours this view; namely, that it is not alone workers in the coal-mines that have this matter in their lungs, but also workers at the stone which separates the coal-seams. I think it worth while to bring this matter particularly before the attention of the Association, because it is a subject which has been much neglected for many years. At one time it excited a great deal of notice from Dr. William Thomson and Dr. Simpson; and the disease seems to be, so far as I yet know, a local one. It seems to occur mostly in the coal-mines of Midlothian and Fifeshire. It may, perhaps, be interesting for the British Medical Association to direct their attention to this subject, and see whether it does not occur in other parts of Great Britain than in Scotland. You will observe, that in these specimens there are no tubercles; but they sometimes occur. The most interesting question to be determined will be the question, whether this black matter is only found in the lungs of persons engaged in work where the atmosphere is ill-ventilated and charged with carbon. Another interesting question will be, how far this

black matter is connected with inflammation and cavities which form in the lungs.

Another specimen is one of a very peculiar nature,—the degeneration,—and which has only lately begun to excite the attention that it deserves. This degeneration is what is commonly termed here the "waxy" degeneration; and some chemists say that this morbid material is closely allied to starch. It takes place in vital organs, and it is connected with scrofula and exhausting diseases; in fact, it is one of those inveterate forms of diseases which fill our hospitals with incurable patients. It is, therefore, exceedingly important to be able to be aware of its pathology, and, if possible, to ascertain it, that we might be able to arrest it in its earlier stages. We have some peculiar specimens of it; but I shall merely state this degeneration as distinguished from the fatty degeneration with which it has very generally been confounded. Both the fatty and waxy tend to the enlargement of an organ; but they differ essentially in this, that the fatty degeneration, after it enters an organ, leaves it comparatively soft, while the waxy tends to make it hard; and still more, you observe that the fatty degeneration is opaque, while the waxy is in a great degree transparent. If you look closely at the section you will easily see that there is a greyish transparency. In certain organs this degeneration occurs in a separate form, and then it is easy to discover its nature. In the spleen it occurs in two forms: in one it affects the entire substance of the organ, converting it into a waxy-like mass; in another instance it occurs in little nodules of about the size of a large pin-head. These are of a grey colour, and transparent. The peculiar arrangement appears to depend on the fact of this degeneration affecting the Malpighian bodies on the spleen. Having this anatomical peculiarity, you have, by a peculiar circumstance, this degeneration affecting these little bodies, and leaving the pulpy organ untouched, so that you get here an idea of this peculiar degeneration in an earlier form. Attention was only called to this matter a few years ago, although the specimens which I show you have existed in the museum for twenty years.

I shall not detain you any longer with noticing specimens, because the subject would be endless, and because, if I were to go further, I should be obliged to take up groups for which there would not be room. I may mention, however, that there are specimens of the hernia structure, illustrating in their stages some of the beautiful vascular injections, and the tumour of a jaw which was successfully excised by Mr. Syme.

I have only to say a single word or two in regard to pathology generally, in conclusion. Pathological anatomy is absolutely essential for the certainty of diagnosis and the knowledge of the mechanism of disease. I shall not illustrate this remark by anything more than by putting it in a simple point of view. No one would think of studying physiology or hygiene without a knowledge of healthy anatomy; and, by a parity of circumstances, it would be quite absurd to seek to understand pathology, or the nature of disease, without a knowledge of morbid anatomy. In most of our schools, pathology is comparatively neglected; and the consequence of this is, that the scientific basis of medicine is not so extensively nor so well cultivated as it ought to be. I would even say, further, that not only is morbid anatomy necessary for pathology, but even for therapeutics—the most backward branch of medicine.

It is said against the study of pathological anatomy, that it tends to diminish our confidence in Nature. I shall not be long upon this either, because I think it would be granted at once that pathological anatomy, when properly pursued, could not diminish but rather increase our confidence in the operations of nature. For example, there is the case of necrosis. In place of a bone which has been dead, nature has formed a new bone, covering the old one, but in her efforts at cure she is unfortunately enclosing the disease. The surgeon by opening the bone extracts the disease, and nature concludes her cure. Pathology opens up a wide field for our efforts to cure. It should teach us both the destruction that disease makes, that we may prepare ourselves to counteract it, and the curative powers of nature, that it may assist them, art enabling nature to accomplish what, unaided, she fails by inadequate means, or is hindered by removable circumstances from bringing to a fortunate issue. Pathology enables us to know how to cure disease; and if we can do it, there is no reason why we should not bring the diseased structure back again to health. Then could we check the progress of disease and increase the boundaries of health, and turn the pestilent waters of disease into the garden of health.

Illustrations of HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

DARTFORD UNION INFIRMARY.

HOUSEMAID'S KNEE.

By Richard Tippetts, Esq.

Mary Lintott, aged 34, a servant, was admitted into the Infirmary, under my care, July 10th, 1858. The patient stated that, seven or eight years since, she had suffered from a painful swelling over the left knee; and that, after a long period, by means of blisters, it had been relieved. The present enlarged bursa was of about the size of a small orange, and had existed for some considerable time, and prevented her from following her usual employment. By means of a seton-needle, a piece of narrow tape was passed through the centre of the tumour; and the extremities were fastened in the popliteal space, to prevent the cutting out of the seton. About two or three ounces of clear straw-coloured serum escaped. The patient was ordered to remain in bed, and to have a scruple of calomel with jalap; and a bread poultice was applied to the knee. The patient complained of very little pain; free suppuration followed. On the tenth day the seton was removed, and on the fifteenth day the patient was cured.

Remarks. I have reported this case, as it well illustrates what I believe to be a very successful mode of treatment, far superior to the usual application of tincture of iodine or mercurial ointment. By either of the latter two methods, the cure is considerably protracted; and, moreover, if simple absorption of the fluid contents of the sac takes place, the patient is constantly liable to a relapse. On the contrary, the use of the seton is followed by permanent relief.

BIRMINGHAM WORKHOUSE INFIRMARY.

REMOVAL OF GLANDULAR ENLARGEMENTS IN THE NECK, PRESSING UPON THE TRACHEA.

By Redfern Davies, Esq., Surgeon to the Birmingham Workhouse.

Henry Baggotts, aged 8 years, had been the subject of enlargements in his neck since birth. They had gradually and steadily increased to their present size, despite treatment during nearly the whole of that time, consisting of the painting and inunction of iodine, blistering, medicines, and hygienic regimen. During the last three months, their growth had been somewhat more rapid. His respiration was considerably impeded, particularly at night. Upon examining his neck, there was found extending downwards and inwards from a little below the mastoid process, for a distance of about four inches, a tumour over which the integument glided freely. It presented a dull elastic feel to the touch, and the sensation of being composed of a number of smaller bodies, varying in size from a pea to a pigeon's egg. The whole mass was of about the size of a goose's egg, and moved easily over the subjacent structures.

June 1st, 1858. Dr. Hamilton Roe administering chloroform, I removed the tumour by means of an incision in its long axis. The integument and platysma myoides having been divided, the tumour, invested by a fibrous capsule, was easily turned out by means of "grubbing" with the fingers, aided by touches of the scalpel. During its removal, the external jugular vein was lacerated, and without much difficulty ligatured. The wound was brought together by sutures and strapping; and a wet compress was applied, and changed every quarter of an hour, day and night.

June 4th. The sutures were removed; the parts, save where the ligature came through, were healed by immediate intention.

June 10th. The ligature came away of itself, and in four days the wound was completely closed.

Remarks. The chief points of interest in this case are—1. The fact that, since the operation, the child's respiration has become natural. 2. The advantage and reasonableness of removing glandular structures (as was proved by Dr. Roe's microscopic examination of the tumour) when morbidly excessive, and unaffected by topical and constitutional remedies.

LOCK HOSPITAL.

CASES OF SYPHILIS TREATED BY CALOMEL FUMIGATION.

Under the care of HENRY LEE, Esq.

[*Concluded from page 597.*]

List of Cases of Calomel Fumigation, from its introduction at the Lock Hospital up to the present time.

MEN.

Name.	When admitted.	Stage of disease.	Fumigation commenced.	When discharged.	Result.
Thomas G.	March 27, 1856	Tertiary affection	March 28, 1856	April 24, 1856	Cured
Elias B.	March 27, 1856	Primary affection	March 28, 1856	April 8, 1856	Cured
George C.	March 20, 1856	No history	March 20, 1856	May 29, 1856	Cured
Henry C.	April 10, 1856	Secondary affection	July 3, 1856, until Aug. 12; and from Oct. 28, until Nov. 28; and from Jan. 1, 1857, until February 10	February 10, 1857	Discharged, bad conduct
Isaac M.	April 10, 1856	Primary affection	April 10, 1856	April 28, 1856	Cured
George M.	April 6, 1856	No history	April 7, 1856	April 17, 1856	Out-patient, own request
George W.	April 24, 1856	Primary affection	May 6, 1856	May 12, 1856	Cured
Charles D.	May 1, 1856	Secondary affection	May 1, 1856	May 22, 1856	Cured
Thomas B.	May 8, 1856	Tertiary syphilis	May 8, 1856	July 3, 1856	Out-patient, own request
Henry J.	May 8, 1856	Primary affection	May 8, 1856	May 22, 1856	Cured
James I.	May 27, 1856	Secondary affection	May 27, 1856	June 19, 1856	Cured
Joseph B.	June 5, 1856	Secondary affection	June 5, 1826	July 2, 1856	Cured
Thomas M.	June 5, 1856	Secondary affection	June 5, 1856	June 26, 1856	Cured
David K.	June 19, 1856	Primary affection	June 19, 1856	July 10, 1856	Cured
Benjamin C.	July 17, 1856	Secondary affection	August 7, 1856	Sept. 18, 1856	Cured
John B.	July 17, 1856	Tertiary syphilis	July 20, 1856	October 9, 1856	Out-patient
Charles G.	July 17, 1856	Tertiary syphilis	July 17, 1856	January 22, 1857	Cured
James W.	July 31, 1856	Secondary affection	August 1, 1856	August 12, 1856	Left nearly well
Francis R.	July 31, 1856	Primary affection	August 1, 1856	Sept. 4, 1856	Left before cured
Francis R.	Re-admittted, September 11, 1856		Re-commenced Sept. 13, 1856	October 2, 1856	Cured
James P.	August 14, 1856	Primary affection	August 14, 1856	August 21, 1856	Out-patient, own request
John A.	August 14, 1856	Secondary affection	August 14, 1856	Sept. 4, 1856	Out-patient
John B.	August 14, 1856	Secondary affection	August 14, 1856	August 28, 1856	Absconded
James H.	October 9, 1856	Secondary affection	October 9, 1856	November 9, 1856	Cured
Francis D.	October 23, 1856	Secondary affection	October 23, 1856	November 27, 1856	Out-patient
George S.	October 23, 1856	Secondary affection	October 23, 1856	December 23, 1856	Cured
John P.	October 23, 1856	Secondary affection	October 23, 1856	November 27, 1856	Cured
George H.	November 6, 1856	Secondary affection	November 6, 1856	November 29, 1856	Absconded
William A.	November 6, 1856	Primary affection	November 18, 1856	December 11, 1856	Cured
Henry B.	November 20, 1856	Primary affection	November 28, 1856	January 8, 1857	Cured
Joseph W.	November 28, 1856	Primary affection	November 28, 1856	December 11, 1856	Cured
James B.	November 28, 1856	Tertiary syphilis	November 28, 1856	February 12, 1857	Cured
Thomas F.	January 1, 1857	Secondary affection	January 1, 1857	February 5, 1857	Out-patient
Timothy F.	January 1, 1857	Primary affection	January 1, 1857	January 22, 1857	Absconded
John M.	January 15, 1857	Secondary affection	January 27, 1857	February 26, 1857	Cured
Edward E.	January 15, 1857	Primary affection	January 15, 1857	February 26, 1857	Cured
Thomas S.	January 15, 1857	Secondary affection	February 26, 1857	April 27, 1857	Cured
George R.	January 15, 1857	Secondary affection	January 15, 1857	February 14, 1857	Cured
William K.	January 15, 1857	Secondary affection	January 15, 1857	February 19, 1857	Out-patient
Palmer K.	January 29, 1857	Tertiary syphilis	February 1, 1857	March 29, 1857	Cured
Charles G.	January 29, 1857	Secondary affection	January 29, 1857	April 3, 1857	Out-patient; nearly well
Henry B.	January 29, 1857	Tertiary syphilis	January 29, 1857	March 24, 1857	Cured
Alfred W.	February 3, 1857	Primary affection	February 3, 1857	March 28, 1857	Cured
James M.	February 12, 1857	Secondary affection	May 16, 1857	July 14, 1857	Out-patient
Edward P.	February 12, 1857	Primary affection	Feb. 16, 1857, until Feb. 24	April 2, 1857	Cured
William N.	February 26, 1857	Secondary affection	February 26, 1857	March 26, 1857	Cured
Thomas F.	February 26, 1857	Secondary affection	February 26, 1857	March 26, 1857	Cured
George M.	March 12, 1857	Primary affection	March 12, 1857	April 12, 1857	Cured
William C.	March 12, 1857	Secondary affection	March 12, 1857	April 23, 1857	Cured
Enoch D.	March 12, 1857	Secondary affection	March 12, 1857	April 2, 1857	Cured
John H.	March 12, 1857	Secondary affection	March 12, 1857	April 12, 1857	Discharged, bad conduct
J. F.	March 16, 1857	Tertiary syphilis	March 18, 1857	April 23, 1857	Cured
Jabez B.	March 26, 1857	Secondary affection	March 26, 1857	April 23, 1857	Discharged at his own request, much better
Charles S.	April 9, 1857	Secondary affection	April 9, 1857	June 11, 1857	Cured
William B.	April 9, 1857	Secondary affection	April 9, 1857	May 7, 1857	Cured
Thomas G.	April 23, 1857	Secondary affection	April 23, 1857	June 11, 1857	Cured
Thomas W.	April 23, 1857	Secondary affection	April 23, 1857	June 4, 1857	Cured
John M.	May 21, 1857	Secondary affection	May 22, 1857	Sept. 17, 1857	Left at his own request
John B.	May 21, 1857	Secondary affection	May 22, 1857	June 11, 1857	Cured
William G.	June 4, 1857	Secondary affection	June 5, 1857	August 11, 1857	Cured
Richard N.	June 4, 1857	Secondary affection	June 4, 1857	July 29, 1857	Cured
William M.	June 4, 1857	Primary affection	June 4, 1857, until June 30	July 2, 1857	Cured

Name.	When admitted.	Stage of disease.	Fumigation commenced.	When discharged.	Result.
James C.	June 4, 1857	Primary affection	June 16, 1857	June 27, 1857	Absconded
Lawrence M.	June 9, 1857	Secondary affection	June 9, 1857, until July 8	August 16, 1857	Cured
John T.	June 20, 1857	Primary affection	June 20, 1857	July 9, 1857	Out-patient
Joseph K.	June 28, 1857	Secondary affection	June 29, 1857	August 4, 1857	Cured
John B.	June 20, 1857	Secondary affection	June 28, 1857	July 30, 1857	Cured
Joseph R.	June 20, 1857	Primary affection	June 20, 1857	June 28, 1857	Absconded
John W.	June 20, 1857	Primary affection	June 25, 1857	July 2, 1857	Cured
Henry C.	June 18, 1857	Primary affection	June 19, 1857	July 25, 1857	Cured
Thomas L.	July 2, 1857	Secondary affection	July 2, 1857	July 30, 1857	Cured
Samuel J.	July 2, 1857	Secondary affection	July 2, 1857	July 23, 1857	Cured
Bernard H.	July 2, 1857	Secondary affection	July 2, 1857	July 25, 1857	Cured
Charles C.	July 17, 1857	Tertiary syphilis	July 21, 1857	August 21, 1857	Cured
Andrew L.	July 30, 1857	Secondary affection	July 30, 1857	Sept. 3, 1857	Cured
James P.	August 13, 1857	Primary affection	August 14, 1857	Sept. 2, 1857	Out-patient
Elijah B.	August 13, 1857	Secondary affection	August 14, 1857	Sept. 21, 1857	Transferred to King's College Hospital
Thomas C.	August 27, 1857	Primary affection	Sept. 12, 1857	October 8, 1857	Cured
Frederick C.	August 27, 1857	Primary affection	August 28, 1857	Sept. 15, 1857	Left at his own request
John E.	August 27, 1857	Secondary affection	Sept. 9, 1857	October 3, 1857	Left at his own request
William S.	Sept. 24, 1857	Secondary affection	Sept. 25, 1857	November 10, 1857	Discharged, bad conduct
James C.	October 8, 1857	Primary affection	October 8, 1857	November 19, 1857	Cured
Abel C.	October 8, 1857	Primary affection	October 29, 1857	November 5, 1857	Cured
Henry R.	October 22, 1857	Primary affection	October 22, 1857	November 26, 1857	Cured
Valantin P.	October 22, 1857	Primary affection	Oct. 22, 1857, until Oct. 31	November 9, 1857	Cured
Edward R.	November 20, 1857	Secondary affection	November 20, 1857	December 17, 1857	Out-patient
Constin A.	November 20, 1857	Secondary affection	November 20, 1857	December 3, 1857	Cured
Charles W.	November 20, 1857	Secondary affection	December 24, 1857	January 21, 1858	Cured
Henry M.	November 23, 1857	Secondary affection	November 23, 1857	December 6, 1857	Cured
John S.	December 3, 1857	Secondary affection	December 4, 1857	December 23, 1857	Cured
Alfred R.	December 5, 1857	Primary affection	December 6, 1857	December 17, 1857	Absconded
Andrew R.	December 17, 1857	Secondary affection	December 17, 1857	January 8th, 1858	Cured
Alexander W.	January 1, 1858		Jan. 1, 1858, until Jan. 11	April 15, 1858	Cured
Robert F.	January 14, 1858	Primary affection	January 14, 1858	January 19, 1858	Absconded
William N.	January 14, 1858	Secondary affection	January 14, 1858	February 18, 1858	Cured
Michael M.	January 14, 1858	Secondary affection	January 14, 1858	January 21, 1858	Dismissed, bad conduct
Thomas J.	January 28, 1858	Primary affection	February 6, 1858	February 25, 1858	Cured
George B.	January 28, 1858	Secondary affection	January 28, 1858	February 11, 1858	Cured
Frederick C.	February 11, 1858	Tertiary syphilis	Feb. 11, 1858, until March 4	April 15, 1858	Cured
Richard C.	February 11, 1858	Secondary affection	February 11, 1858	March 28, 1858	Cured
Samuel C.	February 11, 1858	Primary affection	February 25, 1858	March 15, 1858	Absconded
Thomas C.	February 28, 1858	Secondary affection	February 28, 1858	April 1, 1858	Cured
Joseph G.	March 28, 1858	Secondary affection, and tubercular deposit in the lungs	March 28, 1858, until March 29; and from April 27, until May 10	May 10, 1858	Discharged at his own request, nearly well
John R.	April 8, 1858. Re-admitted June 17	Secondary affection	April 8, 1858, until May 8; and from June 24	Still in the hospital	
John W.	April 22, 1858	Primary affection	April 22, 1858	May 11, 1858	Absconded
Charles H.	May 6, 1858	Tertiary syphilis	May 6, 1858	Still in the hospital	
George S.	May 6, 1858	Primary affection	May 6, 1858	Still in the hospital	
William B.	May 6, 1858	Primary affection	May 6, 1858	June 17, 1858	Cured
Thomas S.	May 21, 1858	Secondary affection	May 21, 1858	Still in the hospital	
Henry H.	May 20, 1858	Sloughy bubo	Local fumigation, May 22, 1858	Still in the hospital	
Henry D.	June 3, 1858	Secondary affection	June 3, 1858	June 17th, 1858	Cured
John L.	June 3, 1858	Secondary affection	June 7, 1858	Still in the hospital	
Charles C.	June 17, 1858	Secondary affection	June 18, 1858	Still in the hospital	Three fumigations having produced ptyalism

In completing the cases of calomel fumigation drawn up by the house-surgeon of the Lock Hospital, it may be advisable to recapitulate some of the advantages attributable to this method of treatment. The syphilitic poison, in a very great majority of cases, produces its principal effect upon the skin. Through this organ nature attempts to eliminate the poison; and much importance is attached by the advocates of this mode of treatment to the action of fumigation, as assisting the elimination of the poison by means of that part through which nature has already commenced the work. It appears from the results of an extensive trial, that not only is the poison eliminated from the system most effectually in this way, but that the effects of the mercury on the system are of a much milder character than under other circumstances. This is attributable:—1. To the small quantity which is required to produce the effect. Ten or fifteen grains of calomel is the quantity usually employed. Of this quantity, a considerable part is dissipated in vapour, some is deposited on the blanket or Mackintosh used in the process, and a considerable portion again is left suspended in the air; so that the quantity which remains on the skin is very small, and the quantity absorbed into the system still smaller. 2. The imbibition of the medicine through the skin leaves the digestive organs unirritated, and the digestion unimpaired. 3. There appears to be something in a free secretion from the skin which moderates and controls the mercurial action. Out of all the cases which have been treated in the Lock Hospital in this manner, only one case of troublesome salivation has occurred, and in this instance the patient had probably been taking mercury before his admission into the hospital. The favourable influence exercised by a free action on the skin during a mercurial course was long ago noticed. M. Rapon, in the year

1824, even when using from two drachms to half an ounce of the mercurial powders then in fashion, mentions that the vapour of water united with the mercurial vapour, "calmed and softened the skin, and did not prevent the absorption of the mercury."

Transactions of Branches.

READING BRANCH.

PRESIDENT'S ADDRESS.

By George May, Esq., Reading.

[*Delivered July 21st.*]

Gentlemen,—I beg to offer you grateful acknowledgment for the honour of election to the Presidency of the Reading Branch of the British Medical Association for the ensuing year.

The leading objects in the establishment of this Association were the cultivation of good fellowship, the promotion of the honour and interests of our profession, and its general edification by the diffusion and interchange of medical knowledge. These periodic re-unions of its members give opportunity to ask, has the Association accomplished all that it projected? and how can we augment its efficiency and develope its capacity to achieve objects so transcendently important? Our profession, from its number, intelligence, and the nature and objects of its pursuits, must ever exercise a considerable influence over the social weal; but we have not hitherto received that consideration in general respect and confidence to which we have a right to lay claim; and the practice of legitimate medicine is insufficiently appreciated and valued. Hence the lamentable prevalence of charlatanism in its proteiform and endless expressions. In deploring this state, and with an earnest desire to remove it, may we not usefully ask, what share have we in creating or encouraging it? Have we individually and collectively used all legitimate means to sustain the honour and dignity of our profession, and to resist and prevent its dishonour? Have we pursued the truth with singleness of purpose, guided by the light of science, or her hand-maid, an assured experience, rejecting empiricism in its every phase as utterly unworthy intelligent and honest men? Have we taken a right estimate of the power and resources of medicine in relation to the *vis medicatrix*, or by exaggerated pretensions or an injudicious and disgusting polypharmacy, have we brought discredit on it? Have we regarded with a cordial and fraternizing spirit the legitimate members of our body, and with disfavour pretenders and empirics of every class?

We may indeed congratulate ourselves that within the range of this Branch of the Association a spirit of union and concord has hitherto prevailed to a most exemplary extent, would that it were universally so. Let us foster and encourage it; let us combine to sustain and elevate the tone of our profession.

We would insist on a high standard of excellence, intellectual and moral, on attainments sound and comprehensive; on a life of unimpeachable integrity and honour; on the impersonation of the scholar, the gentleman and the Christian; believing that in this triple profession is found the best preparation for the arduous and responsible duties of a medical life, the safest guide to truth and rectitude, the surest guard from error and delusion. We venture to predict that in proportion as this standard be generally realised, shall we advance our social status, enlarge our sphere of influence and usefulness, and secure the confidence and esteem of the public. Between the character as thus expressed and the empiric there is a natural antagonism, and there should be no sympathy either with the boastful illiterate pretender, or with the better informed, but deluded or shameless apostate from the paths of science and honour. Such persons cannot be approached without the loss of self-respect, and the infliction of a grievous injury and wrong to the entire profession. Unhappily we cannot strike unworthy members "off the rolls," but we can unite in resisting and alienating all who would dishonour and degrade us. That specious, absurd and mischievous form of quackery, homœopathy, now so rampant, has already received just condemnation at several of our Branch meetings, and I trust we shall also mark it today by an expression of unequivocal censure.

There is probably no social position which offers more powerful incentives to all that is pure and honourable, unselfish and sincere, than the medical profession, and none in which these exalted virtues are more conspicuously illustrated; sad indeed that the brightness of such a mirror should be darkened by folly and shame. Ours is still a noble profession—how profound its interest, how sublime its mission! Where has philanthropy a larger field for its exercise, where a more genial culture or more devoted service? Where, beyond our ranks, can men be found more laborious and self-sacrificing, more devoted to the good of mankind? We may fearlessly challenge a comparison. But we take too low an estimate of the duty and privilege of intercommunity; we want more union, more cordial sympathy with each other, more jealous regard for the reputation of our fellows, more veneration for the entire body of which we are units; and combined with this a more earnest and determined resistance to all who would degrade and defile us. Your presence here to-day is an earnest of this spirit; we never meet, we never can meet, without a cheering consciousness that we in some degree realise it, and we may be assured that the cultivation and extension of this spirit will best fulfil the great purposes of this Association, and be to ourselves a priceless reward.

Reviews and Notices.

An Essay on Wasting Palsy (Cruveilhier's Atrophy). By William Roberts, B.A., M.D., Lond., Scholar of the University of London; Physician to the Manchester Royal Infirmary, Fever Wards, and Lunatic Hospital, etc.: with Four Lithographic Plates. pp. 210. London: Churchill, 1858.

Independently of the general excellence of the manner in which he has treated his subject, Dr. Roberts has the merit of producing the first monograph in the English language on the disease variously called "Wasting Palsy," "Progressive Muscular Atrophy," "Atrophic Muscular Palsy," etc.

The book consists of ten chapters.

Chapter I is a historical introduction. Cases of the disease are related as having been described by various observers, commencing with Dr. Cooke in the early part of the present century. From the sources specified, Dr. Roberts has collected a hundred cases; and these, with five which have fallen under his own observation, form the basis of his remarks. After criticising the names proposed for the disease by Aran, Cruveilhier, Eisenmann, Duchenne, and other pathologists, the author states that, if he adopted a name based on his idea of the essential nature of the disease, he should choose that of "Idiopathic Degeneration of the Voluntary Muscles"; but for convenience, he uses that of "Wasting Palsy", or, in honour of Cruveilhier, "Cruveilhier's Paralysis", or "Cruveilhier's Atrophy".

Chapter II is devoted to an examination of the General Physiognomy of the disease. Dr. Roberts sets out by relating the five cases which he personally observed. In four of these cases, the disease affected the upper extremities—its more common manifestation; while the fifth was an example of a rarer variety, in which the atrophy is confined to the lower limbs. He adds two examples of the general form of the disease, reported by Cruveilhier, and by Valentiner of Kiel. The chapter concludes with a tabular analysis of the 105 cases collected by the author.

Chapter III describes the Anatomical Distribution and Symptomatology of the disease. Of the 105 cases related, 60 belong to the partial and 45 to the general form; but there is no doubt that the relative frequency of the partial form is much greater, and that many examples simply described as paralysis of individual muscles really belong to this category. Under the head of Anatomical Distribution, the author describes the disease as affecting the voluntary muscles—with the exception, so far as has been hitherto observed, of the muscles of mastication and of the eyeball, including the levator palpebræ.

He then gives a graphic description of the deformities produced in the upper and lower limbs, face, and trunk respectively. In the partial form, the muscles of the trunk are less liable to be affected than those of the extremities; while those of the upper limbs are much more liable than those of the lower. Generally the disease attacks both limbs; when it is unilateral, the right side is generally affected, especially in the hands and forearms. The line of attack of the disease is uncertain; but it seems to have favourite combinations, while there are some that it avoids. Under the head of Symptomatology, the author describes lesions of motility; viz. loss of power, fibrillary tremors, cramps, twitches, and disconnection of the electric sensibility; and lesions of sensibility (which are less constant).

The remaining chapters contain an account of the Invasion, Course, Duration, and Termination of the disease; of its Conditions of Origin and Etiology; of the Post Mortem Appearances; of the Nature, Diagnosis, and Prognosis; and of the Treatment. In the treatment, Dr. Roberts places the chief reliance on the local application of galvanism.

The work is highly creditable to the author, who has made a contribution of high merit and great value to medical literature, which will, we trust, form the foundation of still more extended and satisfactory researches into the pathology and treatment of wasting palsy.

On Localised Galvanism applied to the Treatment of Paralysis and Muscular Contractions. By Richard Moore Lawrance, M.D., Ophthalmic Surgeon to the Great Northern Hospital. pp. 164. London: Henry Renshaw. 1858.

In the application of galvanism to the treatment of disease—especially of paralytic affections—there is no novelty. But the object which Dr. Lawrance has in this work, is to bring before the profession in this country the practical application to medicine of the most recent researches in galvanism in its relations to the animal body—especially the investigations of M. Duchenne of Boulogne.

The author sets out with a brief historical summary of the labours of Galvani, Volta, Humboldt, Nobili, Matteucci, and Du Bois Reymond, on animal electricity; and he gives a summary of the conclusions arrived at by the last named *savant* with regard to the presence of an electro-motive force in muscles and nerves during life.

Proceeding then to the subject of localised galvanism, Dr. Lawrance gives an outline of the investigations made by Duchenne with regard to the application of the discoveries of Du Bois Reymond and others to the alleviation of disease. In the course of this part of the work, there are some interesting observations on the property termed "muscular sense" by Sir Charles Bell, "sensation of muscular activity" by Gerdy, "muscular consciousness" by Duchenne.

In speaking of the forms of electricity applied to the treatment of disease, Dr. Lawrance refers to the employment of the frictional or static, and of the dynamic, or galvanic and induced forms. The form which, following Duchenne, he prefers, is induced electricity; where an induced or secondary current is excited in a coil of thin copper wire wound over a thicker coil of insulated copper wire, in the axis of which a bundle of iron wires is placed. Two currents are thus produced: a primary or inducing; and a secondary or induced.

"Dr. Duchenne was the first to demonstrate that each of these currents possesses peculiar physiological properties. The *primary* current exerts a specific influence on the contractibility of the muscles, and the *secondary* on the sensibility of the skin and nerves; the latter also excites the retina more powerfully than the primary when applied by means of wet conductors to the face or eyeball.

"Induced electricity is the only therapeutical agent which is capable, without destroying the skin, of producing immediate and intense irritation of that enveloping membrane, which ceases with the breaking of contact, leaving no trace behind. Its value, therefore, is obvious in cases of loss of sensation, neuralgia, rheumatic pains, whilst the chemical action is so slight as not to be worth a consideration.

"Induced electricity is particularly indicated in cases in which it is necessary to excite contraction of the muscles as in paralysis, and this effect can be produced without causing pain when the application is properly conducted. Very strong currents are required in the treatment of many muscular affections, and these can be obtained by no other means.

"The conductor must be a straight, unyielding metallic substance of different sizes; the ends covered with sponge or leather, and before being used, moistened with hot water. The conductors must be applied with a firm pressure; this decreases the sensation in the skin, and allows the current to pass to the deeper-seated structures. The limb should be kept fixed in one position to prevent the skin being moved when the conductor is applied; this in thin persons is very apt to occur, in which case the motor nerve escapes and no effect is produced. The positive pole should be applied to the motor nerve and the negative conductor, which should present a larger surface to some other part to complete the circuit." (pp. 42-3.)

In the application of a single intermission of induced galvanism, a muscle contracts and relaxes immediately. If the intermissions follow each other rapidly, the contractions occur then more frequently, and the relaxations in the intervals are less: but it is not to be concluded that a rapidly intermitting current causes more powerful contractions of a muscle than a slower one. The author lays down the following corollaries to be accepted in the present state of our knowledge.

"1. The *muscular sensibility* is more strongly influenced by rapid intermissions than by slow ones; and it may be excited to a degree which is acutely painful. 2. The *tonicity of the muscles* is increased by rapid intermissions, whether they are in a normal condition or not; a muscle in a pathological condition may be developed more rapidly by quickly succeeding shocks than by slower ones, as is seen in cases of atrophy. 3. The *electro-cutaneous sensibility* is much more painfully excited by rapid intermissions than by slow ones. 4. By reason of the recent improvements in electrical machines, we can act more or less energetically upon the muscular contractibility or sensibility; for although every electrical excitement of a muscle produces both sensation and contraction, the current may be so regulated as to diminish the contraction or increase the sensation, or *vice versâ* at pleasure. 5. In the galvanisation of delicate organs in sensitive patients, it is advisable to operate with slow intermissions. 6. The treatment of hysterical anæsthesia generally requires very powerful currents." (p. 45.)

Dr. Lawrance now, after some general remarks, gives a detailed account of the results obtained by localised galvanism in determining the function of certain nerves and muscles. This part of the work, independently of its therapeutical importance, is of much interest in a physiological point of view.

In the next part, the author points out the practical application of induced galvanism to various forms of paralysis; and then he goes on to the consideration of certain other morbid conditions which may receive benefit from this agent—such as morbid affections of the general cutaneous sensibility, neuralgia, paralysis of the urinary bladder, muscular atrophy accompanied with paralysis ("wasting palsy" of Roberts), paralysis of children, aphonia, and paralysis of the pharynx and gullet.

In advocating the claims of localised galvanism as a therapeutic agent, Dr. Lawrance may be regarded as having done a good service to medicine. There is, however, some fear in our mind that, as has occurred in other instances, the value which he appears to place on this agent may be somewhat diminished by the failures of those who shall attempt to employ it. But if his work is carefully studied, it will be found that the failure will probably not be due so much to Dr. Lawrance having overrated the importance of his favourite means, as to want of dexterity or of judgment in its application.

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, AUGUST 14th, 1858.

THE MEDICAL ACT.

In another page, our readers will find a copy of the Medical Act, in the precise words in which it will stand in the statute-book. Our contemporaries, with a laudable anxiety to furnish the profession with the provisions of this measure, anticipated its publication by reproducing the old Bill with its amendments as far as they could remember them. As we feared, however, the result has not been altogether satisfactory, inasmuch as the *Lancet* left out altogether Clause xxiii, which was inserted at the last moment, and consequently all the subsequent clauses are incorrectly numbered. Both the *Lancet* and *Medical Times* print Schedule D without the blank column for the titles. We mention these omissions merely for the guidance of the profession, and in justification of our own delay in order to publish the Act itself as it came from the Queen's printer.

As the Act is now before the Association, it will not be necessary for us to go through it clause by clause; and we shall content ourselves by referring to the more important ones which will affect the working of the measure and the government of the profession.

The composition of the General Council, and the mode of electing this body, are the two points on which without doubt the eyes of the profession are now principally fixed. The tone and bias of this body will undoubtedly have a vast influence in the working of this Bill; and upon the men selected to comprise it, its harmony and action with respect to the great bulk of the profession will almost entirely depend. By reference to Clause vii, it will be seen that members of the General Council, representing the Medical Corporations, must be qualified to register under the Act. Nothing is said about other representatives being qualified; it is therefore clear, that any or all the other members of the Council *may* be lay members. That is, the eight university representatives, the six nominees of the Crown, and the President himself, in all fifteen members of the Council, *may*, for all the Act says to the contrary, be persons totally unconnected with the profession, and having to hold their own against the nine members who are thoroughly identified with the Corporations. Of course we do not suppose for one moment, that the Crown or the universities will act so perversely as to swamp the General Council with laymen in this manner; but still it is on the cards that a very large lay element may be seated round the council table. We are not among those who have an insuperable objection to any but professional interference in the conduct of medical polity. On the contrary, we believe that able men of enlarged views, without any professional leaning whatever, are often very necessary additions to councils, whose acts would otherwise savour too much of idols of the den, to use Bacon's expression; at the same time, it behoves all to see that there is a sufficient antagonism of interests at the Council Board to ensure fair play to the majority of the profession. We may feel pretty sure that the representatives of the corporations will pull one way with a will; but we are not so sure that their way will be our way, therefore we feel a little anxious about the counteracting element. If anything like a moiety of the fourteen government nominees and university representatives should be laymen, we should fear that the corporate element would be the most powerful, inasmuch as they would act together, and their knowledge of the profession would be apt to sway the opinions of mere laymen. This, then, is a possible danger a-head of which the profession should be forewarned. Both Corporations and Universities are amply represented under the Bill. The general practitioners who form the thews and sinews of the profession,—the body that will furnish nine-tenths of the funds for the working of the new Act—have only the choice of being represented by favour of the Crown; it is, therefore, the duty of the medical press of this country to impress upon the Government the fairness of seeing this important element represented in its nominees. For this reason only we should regret to see the Crown putting in many lay-representatives; at the same time we should heartily rejoice to see the Council exercise its right of electing a lay-President by appointing Mr. Cowper as their President, as we have every reason to believe that he would hold the balance evenly between the antagonistic parties in the Council.

Our contemporaries have been very busy settling in their own way the composition of the Council. Names have been given with an amusing fluency, and country readers may possibly believe they are in possession of the whole programme of the new Act. It is almost needless for us to state, that all they have seen is mere guesswork, or that no names have as yet been even canvassed by the authorities. We may, however, very fairly assume that the majority of the representatives of the colleges will be composed of the respective Presidents of these bodies.

In a very short time, however, all doubt upon this head will be dissipated, as the first meeting of the Council must be held some time between the 1st of October, and the 1st of January, 1859. From the extreme anxiety evinced by the medical public as to who will form the office-bearers and the Council under the new Act, it might be imagined that the posts to be distributed will be of considerable pecuniary value; but a moment's calculation will dissipate this idea. Thus, if we estimate the whole profession at 17,000 members, the £2 registration for those in practice before 1859, will yield a nest-egg of £34,000, the major portion of which will, of course, be funded. If we estimate the annual number of admissions to practise after this date at 600, the fee being £5, we find that the yearly revenue of the executive will be £3000; out of which the fees of the Councillors, their fees for attendance and travelling expenses, the salaries of the Registrar, Secretary, and the whole staff of clerks, will have to be paid; and last, but not least, the cost of printing the register—no small item—will have to be defrayed. When we take these items into account, we do not fancy that the office-bearers enrolled under the new Act are

likely to die of a plethora of payment. Speculation, however, is altogether premature.

With respect to other clauses of this important Act, we shall defer further remarks until next week.

THE WEEK.

At a recent meeting of the Academy of Sciences, M. Jules Cloquet gave an account of the Report on the Sanitary Condition of the Camp at Chalons by Baron Larrey, one of the most distinguished members of the Academy of Medicine of Paris, and surgeon in ordinary to the Emperor. The author, who was specially appointed to attend His Majesty at the camp in August 1857, gives a detailed account of the sanitary condition of the troops assembled there at that period, and lays down rules, founded upon experience and sound reasoning, for the formation of camps, their internal police, and every element requisite for maintaining the health of an army in the field. The first condition of success being uniformity of system, Baron Larrey recommends that on or before establishing a camp all the medical officers of the different regiments be convoked for the purpose of discussing the various details of the service, and the precautions to be taken in order to remedy the inconveniences resulting from the situation of the camp or its defects as regards soil, water, or exposure. The chief of the medical body should daily receive from each of its members a bulletin, setting forth the number of men in each corps, the number of sick treated under the tent, and of those sent off to hospitals; as also the various kinds of disorders under which they labour, and the observations or suggestions calculated to benefit the service. Baron Larrey then gives some excellent advice regarding the situation and arrangements of camps, tents, sleeping, clothing, food, management of horses, manœuvres, field-hospitals, etc. He concludes by saying that the mortality in the camp was next to nothing, since out of an effective strength of upwards of 22,000 men, only four died in the two months from the arrival of the first body of the Guards to the departure of the last regiments. On the 1st of October the hospital at Chalons, out of ninety-six patients, had only two deaths. The ambulance of the camp, into which at the same date seventy-four patients had entered, only lost one, and that took place before the ambulance was regularly organised. One man was found dead under his tent from apoplexy, brought on by a prolonged state of intoxication. A portion of Baron Larrey's report has been published by the daily newspaper press in this country, and we hope that a knowledge of the precepts laid down in it will become generally diffused.

At the presentation by Her Majesty, a few days ago, of several Victoria Crosses, one of the recipients was Deputy Inspector-general of Hospitals James Mouat, C.B., late 6th Dragoons, of whom the *Gazette* says:—

"Date of act of bravery, October 26, 1854. For having voluntarily proceeded to the assistance of Lieutenant-Colonel Morris, C.B., 17th Lancers, who was lying dangerously wounded in an exposed situation after the retreat of the Light Cavalry at the battle of Balaklava, and having dressed that officer's wounds in presence of and under a heavy fire from the enemy. Thus by stopping a serious hæmorrhage he assisted in saving that officer's life."

Among the many objects of attraction which came in the way of the members of the Association at the recent meeting in Edinburgh, was an operation for amputation of the tongue, performed in the Royal Infirmary by Mr. Syme on the morning of Saturday July 31. The numerous associates who witnessed the operation have doubtless felt desirous to learn the ultimate progress of the case; and we regret to have to inform them that, according to the *Caledonian Mercury*, the patient seemed at first in a hopeful state, but soon gradually sank, and died on Thursday, August 5. The operation was performed on account of cancer, on a robust man of 40 or 50 years of age.

Celebrity sometimes comes in a way least expected. The Parochial Board of a place called Fordoun, situated somewhere north of the Tweed, have immortalised their town, their chairman (one Sir John Forbes), and themselves, by dismissing Dr. Henderson, their medical officer, for making a *post mortem* examination of a woman in the Fordoun poorhouse, in order to discover the cause of death! It appears that the woman was suddenly attacked with vomiting and other suspicious symptoms, and died next day. The cause of death being very obscure, Dr. Henderson made a *post mortem* examination, and found a scirrhous tumour pressing on the ileum. For the great offence of opening a body, and especially for having allowed himself to be assisted by his son, a youth of 17, Dr. Henderson was been summarily dismissed by the Parochial Board! We commend him to the hearty sympathy, and Sir John Forbes and his colleagues to any other feelings that may come uppermost, of our associates; merely observing, that perhaps the Board were the more taken by surprise, as the present was the first instance in which Dr. Henderson had opened the body of a pauper patient during a period of thirty-three years.

It seems as if something were at last likely to result from Mr. Griffin's agitation, if we may judge from the correspondence between Mr. Sotheron-Estcourt and that gentleman, published in the present Journal. We again take the opportunity of urging on all our associates, especially those holding union appointments, to support Mr. Griffin. Some timely aid thrown in just at the present time may end in producing an effect, the opportunity for which, once lost, may not recur for years.

The silkworms in France have become subject to a peculiar disease, which often destroys them before they have been able to spin the cocoon. Under the direction of the Academy of Sciences in Paris, a committee has been engaged in investigating the best means of preventing or curing the disease. M. de Quatrefages, one of the committee, recommends rearing the worms in open sheds instead of close rooms. Besides employing this and other hygienic measures, he has been trying the effect of various medicinal substances, by sprinkling the powder on the mulberry leaves,—such as cinchona, gentian, valerian, mustard, etc. But the most efficacious remedy appears to be scraped sugar; the worms eat the leaves sprinkled with it with relish, become convalescent from the state of atrophy into which they had been plunged, and spin their cocoons sooner and of a superior quality.

AN ACT

TO REGULATE THE QUALIFICATIONS OF PRACTITIONERS IN MEDICINE AND SURGERY.

Arrangement of Clauses.

I. Short Title.
II. Commencement of Act.
III. Medical Council.
IV. Members of Council.
V. Provision in case the Universities of Glasgow, Aberdeen, and Saint Andrew's, fail to Appoint a Person to represent them.
VI. Branches of the Council for England, Scotland, and Ireland.
VII. Qualification.
VIII. Resignation or Death of Member of General Council.
IX. Time and Place of Meeting of the General Council.
X. Appointment of Registrars and other Officers.
XI. Appointment of Registrars and other Officers by Branch Councils.
XII. Fees for Attendance at Councils.
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XIV. Duty of Registrar to keep the Register correct.
XV. Registration of Persons now qualified, and Persons hereafter qualified.
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XVIII. Council may require Information as to Course of Study, etc., required for obtaining Qualifications.
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XX. Defects in the Course of Study or Examinations may be represented by General Council to Privy Council.
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XXII. Persons not to be registered in respect of Qualifications granted by the College or Body before Revocation.
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XXIV. As to the Making and Authentication of Orders, etc.
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XXIX. Medical Practitioners convicted of Felony may be struck off the Register.
XXX. Registered Persons may have subsequent Qualifications inserted in the Register.
XXXI. Privileges of registered Persons.
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XXXIII. Poor-Law Medical Officers not disqualified if registered within Six Months of passing of Act.
XXXIV. Meaning of terms "legally qualified Medical Practitioner," etc.
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XXXVIII. Penalty on Wilful Falsification of Register.
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XLI. Recovery of Penalties.
XLII. Application of Penalties.
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XLV. Notice of Death of Medical Practitioners to be given by Registrars.
XLVI. Provision for Persons practising in the Colonies and elsewhere, and for Students.
XLVII. New Charter may be granted to the College of Physicians of London.
XLVIII. Her Majesty may grant Power to College of Surgeons to institute Examinations, etc., for Dentists.
XLIX. New Charter may be granted to College of Physicians of Edinburgh.
L. The Faculty at Glasgow may be amalgamated.
LI. New Charter may be granted to the King and Queen's College of Physicians in Ireland.
LII. Charters not to contain new Restrictions in the Practice of Medicine or Surgery.
LIII. Provisions of 17 and 18 Vict., c. 114, as to University of London to continue in force.
LIV. British Pharmacopœia to be published.
LV. Chemists, etc., not to be affected.
Schedules.

Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

Short Title.

I. This Act may for all purposes be cited as "The Medical Act."

Commencement of Act.

II. This Act shall commence and take effect from the first day of October, one thousand eight hundred and fifty-eight.

Medical Council.

III. A Council which shall be styled "The General Council of Medical Education and Registration of the United Kingdom," hereinafter referred to as the General Council, shall be established, and Branch Councils for England, Scotland, and Ireland respectively formed thereout as hereinafter mentioned.

Members of Council.

IV. The General Council shall consist of one person chosen from time to time by each of the following bodies; (that is to say,)

The Royal College of Physicians:
The Royal College of Surgeons of England:
The Apothecaries Society of London:
The University of Oxford:
The University of Cambridge:
The University of Durham:
The University of London:
The College of Physicians of Edinburgh:
The College of Surgeons of Edinburgh:
The Faculty of Physicians and Surgeons of Glasgow:
One person chosen from time to time by the University of Edinburgh and the two Universities of Aberdeen collectively:
One person chosen from time to time by the University of Glasgow, and the University of Saint Andrews, collectively:
One person chosen from time to time by each of the following bodies:
The King and Queen's College of Physicians in Ireland:
The Royal College of Surgeons in Ireland:
The Apothecaries' Hall of Ireland:
The University of Dublin:
The Queen's University in Ireland:

And six persons, to be nominated by Her Majesty with the advice of Her Privy Council, four of whom shall be appointed for England, one for Scotland, and one for Ireland; and of a President, to be elected by the General Council.

Provision in case the Universities of Glasgow, Aberdeen, and Saint Andrew's, fail to Appoint a Person to represent them.

V. If the said Universities of Edinburgh and Aberdeen, of Glasgow and Saint Andrews respectively, shall not be able to agree upon some one person to represent them in the Council, it shall be lawful for each one of the said universities to select one person; and thereupon it shall be lawful for Her Majesty, with the advice of Her Privy Council, to appoint one of the persons so selected to be a member of the said Council for the said universities.

Branches of the Council for England, Scotland, and Ireland.

VI. The members chosen by the medical corporations and universities of England, Scotland, and Ireland, respectively, and the members nominated by Her Majesty, with the advice

of her Privy Council, for such parts respectively of the United Kingdom, shall be the Branch Councils for such parts respectively of the United Kingdom, to which Branch Councils shall be delegated such of the powers and duties vested in the Council as the Council may see fit, other than the power to make representations to Her Majesty in Council as hereinafter mentioned. The President shall be a member of all the Branch Councils.

Qualification.

VII. Members of the General Council representing the medical corporations must be qualified to be registered under this Act.

Resignation or Death of Member of General Council.

VIII. The members of the General Council shall be chosen and nominated for a term not exceeding five years, and shall be capable of reappointment, and any member may at any time resign his appointment by letter addressed to the president of the said Council, and upon the death or resignation of any member of the said Council, some other person shall be constituted a member of the said Council in his place in manner hereinbefore provided; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

Time and Place of Meeting of the General Council.

IX. The General Council shall hold their first meeting within three months from the commencement of this Act, in such place and at such time as one of Her Majesty's Principal Secretaries of State shall appoint, and shall make such rules and regulations as to the times and places of the meetings of the General Council, and the mode of summoning the same, as to them shall seem expedient, which rules and regulations shall remain in force until altered at any subsequent meeting; and in the absence of any rule or regulation as to the summoning a meeting of the General Council, it shall be lawful for the president to summon a meeting at such time and place as to him shall seem expedient by letter addressed to each member; and at every meeting, in the absence of the president, some other member to be chosen from the members present shall act as president; and all acts of the General Council shall be decided by the votes of the majority of the members present at any meeting, the whole number present not being less than eight, and at all such meetings the president for the time being shall, in addition to his vote as a member of the Council, have a casting vote, in case of an equality of votes; and the General Council shall have power to appoint an executive committee out of their own body, of which the quorum shall not be less than three, and to delegate to such committee such of the powers and duties vested in the Council as the Council may see fit, other than the power of making representations to Her Majesty in Council as hereinafter mentioned.

Appointment of Registrars and other Officers.

X. The General Council shall appoint a registrar, who shall act as secretary of the General Council, and who may also act as treasurer, unless the Council shall appoint another person or other persons as treasurer or treasurers; and the person or persons so appointed shall likewise act as registrar for England, and as secretary and treasurer or treasurers, as the case may be, for the Branch Council for England; the General Council and Branch Council for England shall also appoint so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed by any Council shall be removable at the pleasure of that Council, and shall be paid such salary as the Council by which he was appointed shall think fit.

Appointment of Registrars and other Officers by Branch Councils.

XI. The Branch Councils for Scotland and Ireland shall each respectively in like manner appoint a registrar and other officers and clerks, who shall be paid such salaries as such Branch Councils respectively shall think fit, and be removable at the pleasure of the Council by which they are appointed; and the person appointed registrar shall also act as secretary to the Branch Council, and may also act as treasurer, unless the Council shall appoint some other person or persons as treasurer or treasurers.

Fees for Attendance at Councils.

XII. There shall be paid to the members of the Councils such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the General Council and approved by the Commissioners of Her Majesty's treasury.

Expenses of the Councils.

XIII. All moneys payable to the respective Councils shall be paid to the treasurers of such Councils respectively, and shall be applied to defray the expenses of carrying this Act into execution in manner following; that is to say, separate accounts shall be kept of the expenses of the General Council, and of those of the Branch Councils; and the expenses of the General Council, including those of keeping, printing and publishing the register for the United Kingdom, shall be defrayed, under the direction of the General Council, by means of an equal per-centage rate upon all moneys received by the several Branch Councils; returns shall be made by the treasurers of the respective Branch Councils, at such times as the General Council shall direct, of all moneys received by them; and the necessary per-centage having been computed by the General Council, the respective contributions shall be paid by the treasurers of such Branch Councils to the treasurer or treasurers of the General Council; and the expenses of the Branch Councils shall be defrayed, under the direction of those Councils, respectively out of the residue of the moneys so received as aforesaid.

Duty of Registrar to keep the Register correct.

XIV. It shall be the duty of the registrars to keep their respective registers correct in accordance with the provisions of this Act, and the orders and regulations of the General Council, and to erase the names of all registered persons who shall have died, and shall from time to time make the necessary alterations in the addresses or qualifications of the persons registered under this Act; and to enable the respective registrars duly to fulfil the duties imposed upon them, it shall be lawful for the registrar to write a letter to any registered person, addressed to him according to his address on the register, to inquire whether he has ceased to practise, or has changed his residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the register; Provided always, that the same may be restored by direction of the General Council should they think fit to make an order to that effect.

Registration of Persons now qualified, and Persons hereafter qualified.

XV. Every person now possessed and (subject to the provisions hereinafter contained) every person hereafter becoming possessed of any one or more of the qualifications described in the Schedule (A.) to this Act shall, on payment of a fee not exceeding Two Pounds in respect of qualifications obtained before the first day of January, one thousand eight hundred and fifty-nine, and not exceeding Five Pounds in respect of qualifications obtained on or after that day, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland the document conferring or evidencing the qualification or each of the qualifications, in respect whereof he seeks to be so registered, or upon transmitting by post to such registrar information of his name and address, and evidence of the qualification or qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained: Provided always, that it shall be lawful for the several colleges and other bodies mentioned in the said Schedule (A.) to transmit from time to time to the said Registrar lists certified under their respective seals of the several persons who, in respect of qualifications granted by such colleges and bodies respectively, are for the time being entitled to be registered under this Act, stating the respective qualifications and places of residence of such persons; and it shall be lawful for the registrar thereupon, and upon payment of such fee as aforesaid in respect of each person to be registered, to enter in the register the persons mentioned in such lists, with their qualifications and places of residence as therein dated, without other application in relation thereto.

Council to make Orders for regulating Registers to be kept.

XVI. The General Council shall, with all convenient speed after the passing of this Act, and from time to time as occasion may require, make orders for regulating the registers to be kept under this Act, as nearly as conveniently may be in accordance with the form set forth in Schedule (D.) to this Act, or to the like effect.

Persons practising in England before 1st August, 1815, entitled to be registered.

XVII. Any person who was actually practising medicine in England before the first day of August, one thousand eight hundred and fifteen, shall, on payment of a fee to be fixed

by the General Council, be entitled to be registered on producing to the Registrar of the Branch Council for England, Scotland, or Ireland, a declaration according to the form in the Schedule (B.) to this Act signed by him, or upon transmitting to such registrar information of his name and address, and enclosing such declaration as aforesaid.

Council may require information as to Course of Study, etc., required for obtaining Qualifications.

XVIII. The several colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act shall from time to time, when required by the General Council, furnish such council with such information as they may require as to the courses of study and examinations to be gone through in order to obtain the respective qualifications mentioned in Schedule (A.) to this Act, and the ages at which such courses of study and examination are required to be gone through, and such qualifications are conferred, and generally as to the requisites for obtaining such qualifications; and any member or members of the General Council, or any person or persons deputed for this purpose by such Council, or by any Branch Council, may attend and be present at any such examinations.

Colleges may unite in conducting Examinations.

XIX. Any two or more of the colleges and bodies in the United Kingdom mentioned in Schedule (A.) to this Act may, with the sanction and under the directions of the General Council, unite or co-operate in conducting the examinations required for qualifications to be registered under this Act.

Defects in the Course of Study or Examinations may be represented by General Council to Privy Council.

XX. In case it appear to the General Council that the course of study and examinations to be gone through in order to obtain any such qualification from any such college or body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's Most Honourable Privy Council.

Privy Council may suspend the Right of Registration in respect of Qualifications granted by College, etc., in default, but may be revoked.

XXI. It shall be lawful for the Privy Council, upon any such representation as aforesaid, if it see fit, to order that any qualification granted by such college or body, after such time as may be mentioned in the order, shall not confer any right to be registered under this Act: Provided always, that it shall be lawful for Her Majesty, with the advice of her Privy Council, when it is made to appear to Her, upon further representation from the General Council or otherwise, that such college or body has made effectual provision, to the satisfaction of such General Council, for the improvement of such course of study or examinations, or the mode of conducting such examinations, to revoke any such order.

Persons not to be Registered in respect of Qualifications granted by the College or Body before Revocation.

XXII. After the time mentioned in this behalf in any such order in council, no person shall be entitled to be registered under this Act in respect of any such qualification as in such order mentioned, granted by the college or body to which such order relates, after the time therein mentioned, and the revocation of any such order shall not entitle any person to be registered in respect of any qualification granted before such revocation.

Privy Council may prohibit Attempts to impose Restrictions as to any Theory of Medicine or Surgery by Bodies entitled to grant Certificates.

XXIII. In case it shall appear to the General Council that an attempt has been made by any body, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery, as a test or condition of admitting him to examination or of granting a certificate, it shall be lawful for the said Council to represent the same to Her Majesty's most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice.

As to the Making and Authentication of Orders, etc.

XXIV. All powers vested in the Privy Council by this Act may be exercised by any three or more of the lords and others of the Privy Council, the Vice-President of the Committee of the said Privy Council on Education being one of them; and all orders and acts of the Privy Council under this Act shall be sufficiently made and signified by a written or printed document, signed by one of the clerks of the Privy Council, or such officer as may be appointed by the Privy Council in this behalf; and all orders and acts made or signified by any written or printed document purporting to be so signed shall be deemed to have been duly made, issued, and done by the Privy Council; and every such document shall be received in evidence in all courts, and before all justices and others, without proof of the authority or signature of such clerk or other officer or other proof whatsoever, until it be shown that such document was not duly signed by the authority of the Privy Council.

As to Registration by Branch Registrars.

XXV. Where any person entitled to be registered under this Act applies to the registrar of any of the said Branch Councils for that purpose, such registrar shall forthwith enter in a local register, in the form set forth in Schedule (D) to this Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the qualification, or several qualifications, in respect of which the person is so entitled, and the date of the registration, and shall, in the case of the registrar of the Branch Council for Scotland or Ireland, with all convenient speed send to the registrar of the General Council a copy, certified under the hand of the registrar, of the entry so made, and the registrar of the General Council shall forthwith cause the same to be entered in the general register; and such registrar shall also forthwith cause all entries made in the local register for England to be entered in the general register; and the entry on the general register shall bear date from the local register.

Evidence of Qualification to be given before Registration.

XXVI. No qualification shall be entered on the register, either on the first registration or by way of addition to a registered name, unless the registrar be satisfied by the proper evidence that the person claiming is entitled to it; and any appeal from the decision of the registrar may be decided by the General Council, or by the Council for England, Scotland, or Ireland (as the case may be); and any entry which shall be proved to the satisfaction of such General Council or Branch Council to have been fraudulently or incorrectly made may be erased from the register by order in writing of such General Council or Branch Council.

Register to be published.

XXVII. The registrar of the General Council shall in every year cause to be printed, published, and sold, under the direction of such Council, a correct register of the names in alphabetical order according to the surnames, with the respective residences, in the form set forth in Schedule (D) to this Act, or to the like effect, and medical titles, diplomas, and qualifications, conferred by any Corporation or University, or by doctorate of the Archbishop of Canterbury, with the dates thereof, of all persons appearing on the general register as existing on the first day of January in every year; and such register shall be called "The Medical Register;" and a copy of the medical register for the time being, purporting to be so printed and published as aforesaid, shall be evidence in all courts and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act: and the absence of the name of any person from such copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act: Provided always, that in the case of any person whose name does not appear in such copy, a certified copy under the hand of the registrar of the General Council or of any Branch Council, of the entry of the name of such person on the general or local register, shall be evidence that such person is registered under the provisions of this Act.

Names of Members struck off from List of College or Body, etc., to be signified to General Council.

XXVIII. If any of the said colleges or the said bodies at any time exercise any power they possess by law of striking off from the list of such college or body the name of any one of their members, such college or body shall signify to the General Council the name of the member so struck off; and the General Council may, if they see fit, direct the registrar to erase forthwith from the register the qualification derived from

such College or body in respect of which such member was registered, and the registrar shall note the same therein: Provided always, that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery.

Medical Practitioners convicted of Felony may be struck off the Register.

XXIX. If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the register.

Registered Persons may have subsequent Qualifications inserted in the Register.

XXX. Every person registered under this Act who may have obtained any higher degree or any qualification other than the qualification in respect of which he may have been registered, shall be entitled to have such higher degree or additional qualification inserted in the register, in substitution for or in addition to the qualification previously registered, on payment of such fee as the Council may appoint.

Privileges of Registered Persons.

XXXI. Every person registered under this Act shall be entitled, according to his qualification or qualifications, to practise medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients: Provided always, that it shall be lawful for any College of Physicians to pass a byelaw to the effect that no one of their fellows or members shall be entitled to sue in manner aforesaid in any court of law, and thereupon such byelaw may be pleaded in bar to any action for the purposes aforesaid commenced by any fellow or member of such college.

None but Registered Persons to recover Charges.

XXXII. After the first day of January, one thousand eight hundred and fifty-nine, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or for the performance of any operation, or for any medicine which he shall have both prescribed and supplied, unless he shall prove upon the trial that he is registered under this Act.

Poor-Law Medical Officers not disqualified if Registered within Six Months of passing of Act.

XXXIII. Provided also, that no person who on the first of October, one thousand eight hundred and fifty-eight, shall be acting as medical officer under an order of the Poor-Law Commissioners or Poor-Law Board, shall be disqualified to hold such office by reason of his not being registered as herein required, unless he shall have failed to be registered within six months from the passing of this Act.

Meaning of terms "legally qualified Medical Practitioner," etc.

XXXIV. After the first day of January, one thousand eight hundred and fifty-nine, the words "legally qualified medical practitioner" or "duly qualified medical practitioner", or any words importing a person recognised by law as a medical practitioner or member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person registered under this Act.

Registered Persons exempted from serving on Juries, etc.

XXXV. Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and from serving in the militia; and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid.

Unregistered persons not to hold certain Appointments.

XXXVI. After the first day of January, one thousand eight hundred and fifty-nine, no person shall hold any appointment as a physician, surgeon, or other medical officer either in the military or naval service, or in emigrant or other vessels, or in any hospital, infirmary, dispensary, or lying-in-hospital, not supported wholly by voluntary contributions, or in any lunatic asylum, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poorhouse, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age, or as a medical officer of health, unless he be registered under this Act: Provided always, that nothing in this Act contained shall extend to repeal or alter any of the provisions of the Passengers Act, 1855.

No Certificate to be valid unless Person signing be registered.

XXXVII. After the first day of January, one thousand eight hundred and fifty-nine, no certificate required by any Act now in force, or that may hereafter be passed, from any physician, surgeon, licentiate in medicine and surgery, or other medical practitioner, shall be valid unless the person signing the same be registered under this Act.

Penalty on Wilful Falsification of Register.

XXXVIII. Any registrar who shall wilfully make or cause to be made any falsification in any matters relating to the register shall be deemed guilty of a misdemeanour in England or Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be imprisoned for any term not exceeding twelve months.

Penalty for obtaining Registration by false Representations.

XXXIX. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime or offence punishable by fine or imprisonment, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding twelve months.

Penalty for falsely pretending to be a Registered Person.

XL. Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding twenty pounds.

Recovery of Penalties.

XLI. Any penalty to which under this Act any person is liable on summary conviction of any offence, may be recovered as follows: (that is to say,) in England, in manner directed by the Act of the session holden in the eleventh and twelfth years of Her Majesty, chapter forty-three, and in Ireland in manner directed by "The Petty Sessions (Ireland) Act, 1851," or any other Act for the time being in force in England and Ireland respectively for the like purposes; and any such penalty may in Scotland be recovered by the procurator fiscal of the county, or by any other person before the sheriff or two justices, who may proceed in a summary way and grant warrant for bringing the party complained against before him or them, or issue an order requiring such party to appear on a day and at a time and place to be named in such order, and every such order shall be served on the party by delivering to him in person or by leaving at his usual place of abode a copy of such order and of the complaint whereupon the same has proceeded, and upon the appearance or default to appear of the party, it shall be lawful for the sheriff or justices to proceed to the hearing of the complaint, and upon proof on oath or confession of the offence, the sheriff or justices shall without any written pleadings or record of evidence commit the offender and decern him to pay the penalty named, as well as such expenses as the sheriff or justices shall think fit, and failing payment shall grant warrant for recovery thereof by poinding and imprisonment, such imprisonment to be for such period as the discretion of the sheriff or justices may direct, not exceeding three calendar months, and to cease on payment of the penalty and expenses.

Application of Penalties.

XLII. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the treasurer of the General Council.

Application of Moneys received by Treasurer.

XLIII. All monies received by any treasurer arising from fees to be paid on registration, from the sale of registers, from penalties, or otherwise, shall be applied for expenses of registration and of the execution of this Act.

Accounts to be published.

XLIV. The treasurers of the General and Branch Councils shall enter in books to be kept for that purpose a true account of all sums of money by them received and paid, and such accounts shall be submitted by them to the respective General Council and Branch Councils at such times as the Councils shall require; and the said accounts shall be published annually, and such accounts shall be laid before both Houses in the month of March in every year, if Parliament be sitting, or, if Parliament be not sitting, then within one month after the next meeting of Parliament.

Notice of Death of Medical Practitioners to be given by Registrars.

XLV. Every registrar of deaths in the United Kingdom on receiving notice of the death of any medical practitioner shall forthwith transmit by post to the registrar of the General Council and to the registrar of the Branch Council a certificate under his own hand of such death, with the particulars of time and place of death, and may charge the cost of such certificate and transmission as an expense of his office; and on the receipt of such certificate the medical registrar shall erase the name of such deceased medical practitioner from the register.

Provision for Persons practising in the Colonies and elsewhere, and for Students.

XLVI. It shall be lawful for the General Council by special orders to dispense with such provisions of this Act or with such part of any regulations made by its authority as to them shall seem fit, in favour of persons now practising medicine or surgery in any part of Her Majesty's dominions other than Great Britain and Ireland by virtue of any of the qualifications described in schedule (A.); and also in favour of persons practising medicine or surgery within the United Kingdom on foreign or colonial diplomas or degrees before the passing of this Act; and also in favour of any persons who have held appointments as surgeons or assistant-surgeons in the army, navy, or militia, or in the service of the East India Company, or are acting as surgeons in the public service, or in the service of any charitable institutions, and also, so far as to the Council shall seem expedient, in favour of medical students who shall have commenced their profesional studies before the passing of this Act.

New Charter may be granted to the College of Physicians of London.

XLVII. It shall be lawful for Her Majesty to grant to the corporation of the Royal College of Physicians of London a new charter, and thereby to give to such corporation the name of "The Royal College of Physicians of England", and to make such alterations in the constitution of the same corporation as to Her Majesty may seem expedient; and it shall be lawful for the said corporation to accept such charter under their common seal, and such acceptance shall operate as a surrender of all charters heretofore granted to the said corporation, except the charter granted by King Henry the Eighth, and shall also operate as a surrender of such charter and of any rights, powers, or privileges conferred by or enjoyed under an Act of the session holden in the fourteenth and fifteenth years of King Henry the Eighth, chapter five, confirming the same, as far as such charter and Act respectively may be inconsistent with such new charter: Provided nevertheless, that within twelve months after the granting of such charter to the College of Physicians of London, any fellow, member, or licentiate of the Royal College of Physicians of Edinburgh, or of the Queen's College of Physicians of Ireland, who may be in practice as a Physician in any part of the United Kingdom called England, and who may be desirous of becoming a member of such College of Physicians of England, shall be at liberty to do so, and be entitled to receive the diploma of the said college, and to be admitted to all the rights and privileges thereunto appertaining, on the payment of a registration fee of two pounds to the said college.

Her Majesty may grant Power to College of Surgeons to institute Examinations, etc., for Dentists.

XLVIII. It shall, notwithstanding anything herein contained, be lawful for Her Majesty, by charter, to grant to the Royal College of Surgeons of England power to institute and hold examinations for the purpose of testing the fitness of persons to practise as dentists who may be desirous of being so examined, and to grant certificates of such fitness.

New Charter may be granted to College of Physicians of Edinburgh.

XLIX. It shall be lawful for Her Majesty to grant to the corporation of the Royal College of Physicians of Edinburgh a new charter, and thereby to give to the said College of Physicians the name of "The Royal College of Physicians of Scotland", and it shall be lawful for the said Royal College of Physicians, under their common seal, to accept such new charter, and such acceptance shall operate as a surrender of all charters heretofore granted to the said corporation.

The Faculty at Glasgow may be amalgamated.

L. If at any future period the Royal College of Surgeons of Edinburgh and Faculty of Physicians and Surgeons of Glasgow agree to amalgamate, so as to form one united corporation, under the name of "The Royal College of Surgeons of Scotland," it shall be lawful for Her Majesty to grant, and for such College and Faculty, under their respective common seals, to accept, such new charter or charters as may be necessary for effecting such union, and such acceptance shall operate as a surrender of all charters heretofore granted to such College and Faculty; and in the event of such union it shall be competent for the said College and Faculty to make such arrangements as to the time and place of their examinations as they may agree upon, these arrangements being in conformity with the provisions of this Act, and subject to the approval of the General Council.

New Charter may be granted to the King and Queen's College of Physicians in Ireland.

LI. It shall be lawful for Her Majesty to grant to the corporation of the King and Queen's College of Physicians in Ireland a new charter, and thereby to give to such corporation the name of "The Royal College of Physicians of Ireland", and to make such alterations in the constitution of the said corporation as to Her Majesty may seem expedient; and it shall be lawful for the said corporation to accept such charter under their common seal, and such acceptance shall operate as a surrender of the charter granted by King William and Queen Mary, so far as it may be inconsistent with such new charter.

Charters not to contain new Restrictions in the Practice of Medicine or Surgery.

LII. Provided always, That nothing herein contained shall extend to authorise Her Majesty to create any new restriction in the practice of medicine or surgery, or to grant to any of the said corporations any powers or privileges contrary to the common law of the land or to the provisions of this Act, and that no such new charter shall in anywise prejudice, affect, or annul any of the existing statutes or byelaws of the corporations to which the same shall be granted, further than shall be necessary for giving full effect to the alterations which shall be intended to be effected by such new charters and by this Act in the constitution of such corporation.

Provisions of 17 *&* 18 *Vict., c,* 144, *as to University of London to continue in force.*

LIII. The enactments and provisions of the University of London Medical Graduates Act, 1854, shall be deemed and construed to have applied and shall apply to the University of London for the time being, notwithstanding the surrender or determination of the therein recited Charter, and the granting or acceptance of the now existing Charter of the University of London, or the future determination of the present or any future Charter of the said University, and the granting of any new Charter to the said University; and that every Bachelor of Medicine and Doctor of Medicine of the University of London for the time being shall be deemed to have been and to be entitled and shall be entitled to the privileges conferred by the said Act, in the same manner and to the same extent as if the Charter recited in the said Act remained in force, subject nevertheless to the provisions of this Act.

British Pharmacopœia to be published.

LIV. The General Council shall cause to be published under their direction a book containing a list of medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed, and containing such other matter and things relating thereto as the General Council shall think fit, to be called "British Pharmacopœia"; and the General Council shall cause to be altered, amended, and republished such Pharmacopœia as often as they shall deem it necessary.

Chemists, etc., not to be affected.

LV. Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the lawful occupation, trade, or business of chemists and druggists and dentists, or the rights, privileges, or employment of duly

licensed apothecaries in Ireland, so far as the same extend to selling, compounding, or dispensing medicines.

SCHEDULE (A).

1. Fellow, Licentiate, or Extra-Licentiate, of the Royal College of Physicians of London.
2. Fellow or Licentiate of the Royal College of Physicians of Edinburgh.
3. Fellow or Licentiate of the King and Queen's College of Physicians of Ireland.
4. Fellow or Member or Licentiate in Midwifery of the Royal College of Surgeons of England.
5. Fellow or Licentiate of the Royal College of Surgeons of Edinburgh.
6. Fellow or Licentiate of the Faculty of Physicians and Surgeons of Glasgow.
7. Fellow or Licentiate of the Royal College of Surgeons in Ireland.
8. Licentiate of the Society of Apothecaries, London.
9. Licentiate of the Apothecaries' Hall, Dublin.
10. Doctor, or Bachelor, or Licentiate of Medicine, or Master in Surgery of any University of the United Kingdom; or Doctor of Medicine by Doctorate, granted prior to the passing of this Act by the Archbishop of Canterbury.
11. Doctor of Medicine of any Foreign or Colonial University or College, practising as a Physician in the United Kingdom before the first day of October 1858, who shall produce certificates to the satisfaction of the Council of his having taken his degree of Doctor of Medicine after regular examination, or who shall satisfy the Council, under Section Forty-six of this Act, that there is sufficient reason for admitting him to be registered.

SCHEDULE (B).

Declaration required of a person who claims to be registered as a Medical Practitioner, upon the ground that he was in practice as a Medical Practitioner in England or Wales before the first day of August, 1815:—

To the Registrar of the Medical Council.

I, , residing at , in the county of , hereby declare that I was practising as a Medical Practitioner, at , in the county of , before the first day of August, 1815.

(Signed) [*Name.*]

Dated this day of , 185 .

SCHEDULE (D.)

Name.	Residence.	Qualification.	Title.
A. B.	London -	Fellow of the Royal College of Physicians of	
C. D.	Edinburgh	Fellow and Member of the Royal College of Surgeons of	
E. F.	Dublin -	Graduate in Medicine of University of	
G. H.	Bristol - -	Licentiate of the Society of Apothecaries	
I. K.	London -	Member of College of Surgeons and Licentiate of the Society of Apothecaries.	

ROYAL MEDICAL BENEVOLENT COLLEGE. A fête in aid of the funds of this excellent institution took place in Dr. Stanton Wise's beautiful pleasure grounds, at Banbury, on July 21, and was numerously attended. The day was beautifully fine, and when all the company had assembled, the gardens had a very gay appearance. The music from two bands (the Bloxham and Britannia Foundry) added much to the enjoyment of the fête. A large balloon was sent up during the evening, and afterwards dancing commenced, and was kept up with much spirit for some time; after which the bands went round the town, and the fête was brought to a close; everything went off most successfully. Amongst the company present were Lord and Lady Saye and Sele, the Mayor and Mrs. Bennett, the Vicar, Rev. G. Nelson, Mr. Propert, the founder of the College, and a large party of medical gentlemen from the town and neighbourhood, and from a distance. Too much credit cannot be given to Dr. Wise for his kindness in throwing open his beautiful grounds for so charitable an an object, and we are happy to hear that the funds of the College will be benefited to the extent of nearly £50.

Association Intelligence.

READING BRANCH: ANNUAL MEETING.

THE Annual Meeting of the Reading Branch was held in the Council Chamber, Reading, on Wednesday, July 21st. GEORGE MAY, Esq. (Reading), President, in the chair. There were also present G. D. Brown, Esq. (Henley); R. Colbourne, Esq. (Marlow); C. Cowan, M.D. (Reading); I. Harrisson, Esq. (Reading); F. Izod, Esq. (Mortimer); S. Kidgell, Esq. (Pangbourne); J. M'Intyre, M.D. (Odiham); G. May, Jun., Esq. (Reading); W. W. Moxhay, Esq. (Reading); G. Pound, Esq. (Odiham); J. Taylor, Esq. (Wargrave); C. Vines, Esq. (Reading); T. L. Walford, Esq. (Reading); E. Wells, M.D. (Reading); R. Woodhouse, M.D. (Reading); H. Waldron, Esq. (Theale); J. W. Workman, Esq. (Reading); W. B. Young, Esq. (Reading). There were also present, as visitors, J. Barford, Esq. (Wokingham); Mr. E. Cooper (Reading); A. Fernie, Esq. (Reading); F. G. Harcourt, Esq. (Benfield); J. Heynes, Esq. (Reading); and A. J. Moore, Esq. (Reading).

The Honorary Secretary read the minutes of the last meeting, which were confirmed.

The President delivered an address, which is published at page 680.

ELECTION OF OFFICERS.

Dr. COWAN proposed,

"That JOHN M'INTYRE, M.D., of Odiham, be the President-Elect for the ensuing year."

Mr. WORKMAN seconded the nomination, and it was carried by acclamation.

Mr. G. D. Brown, of Henley, was elected a representative of the Branch in the General Council.

Mr. MOXHAY proposed and Mr. YOUNG seconded a vote of thanks to the Committee for their past services; and that the following be the Committee for the ensuing year:—G. D. Brown, Esq. (Henley); C. Vines, Esq. (Reading); E. Wells, M.D. (Reading); R. Woodhouse, M.D. (Reading); and J. W. Workman, Esq. (Reading).

The honorary secretary, G. May, Jun., Esq., was re-elected.

VOTES OF THANKS.

Mr. VINES proposed, and Mr. WORKMAN seconded,

"That the best thanks of this meeting be given to Dr. Burnett, the late President, and to Mr. Walford, the representative, for their services during the past year."

MEDICAL REFORM.

Mr. MAY mentioned that, as the President of the Reading Branch, he had requested Earl Granville to present a petition to the House of Lords in favour of Mr. Cowper's Bill; and congratulated the meeting on the favourable prospect of that Bill passing into law.

HOMŒOPATHY.

Dr. COWAN proposed the following resolution:—

"Believing that homœopathy is philosophically false, and in practice a dangerous delusion, this meeting resolves, that encouragement to homœopathists is incompatible with the honour and interests of the medical profession; and that any member of this Branch consulting or co-operating with them will justly forfeit the respect of his colleagues; and that Mr. George May be requested to convey the unanimously expressed sentiments of the Branch to the meeting of the British Medical Association at Edinburgh, and to urge attention to the subject on the part of the Parent Association."

Dr. Cowan observed, that he distinguished homœopathy from other forms of extra-professional quackery, because it was to a great extent practised by legally qualified men. It was due to the profession itself to reassert, from time to time, its own practice and principles when thus assailed, and to cut off from association those who adopted a system which was at variance with all rationality and experience, and which in application was a dangerous delusion. It was necessary to rouse renewed attention to the subject, for the purpose of enforcing upon the heads of the profession the absolute necessity of utterly discountenancing such a libel on legitimate and rational medicine. It was desirable to impress on the public mind that we had acknowledged principles of thinking and of acting; and that we wholly repudiated all connexion with men whose philosophy was a farce, and whose practice we believed to be sham. Dr. Cowan urged, that persecution was not our object, nor attacking individuals, nor assigning motives to those from whom we

so widely differed; but to maintain our selfrespect, to avow our undiminished confidence in the soundness of our art, and, while allowing every man to think for himself, to act consistently with our professed opinion. He (Dr. Cowan) would not waste time by discussing the details of homœopathy, but would express his own unhesitating conviction, that it was in philosophy the very ultraism of all that was absurd, and far removed beyond the pale of common sense. Homœopathy only feebly survived in the country of its birth; it was unrecognised by all educating bodies; it had been over and over again experimentally refuted; those who adopted it placed themselves beyond the possibility of all honest consultation or co-operation. The successes of homœopathy were easily accounted for, and its statistics were utterly fallacious. The clergy were amongst its principal dupes and supporters; while it was admirably adapted to the morbid cravings and miracle expectations of the upper classes. Dr. Cowan strongly urged the profession to be true to themselves; to come out and be separate; to allow of no compromise; to discountenance all coquetting with what we believe to be a lie; and under all circumstances to assert the value and reality of legitimate medicine. He concluded a long address by urging the Branch to adopt the resolution; and expressed a hope that at the Edinburgh meeting the expression of opinion by so many of the Branches would be formally and unanimously reasserted. He hoped their secretary would be now authorised strongly to represent the feelings of the Reading Branch at the approaching anniversary of the Parent Association.

Mr. WALFORD observed, that the object of this resolution was to define the conduct it became us to pursue towards homœopathists, in virtue of our believing their doctrine to be philosophically false; and it declared that any member of this Branch consulting or co-operating with them, would justly forfeit the respect of his professional brethren. Now, how was encouragement to homœopathy incompatible with the honour and interests of the medical profession. In what did this honour consist? Was he (Mr. Walford) wrong in stating that, as a body, we possessed a laudable concern for all that affects man as a being dependent on external conditions for his health, and as a being liable to disease? Was it not an honour to be actuated by such a spirit? Was he wrong in stating, that in the exercise of this concern we had the confidence of the public, and that not merely in our professional character, but as a body moved by honourable motives and feelings? Once more, he claimed, as a constituent of this honour, that homage should be yielded to the dictates of common sense, in obedience to whose voice this meeting would speak in the language of the resolution. But not only the honour, but the interests of the profession were involved in this matter. By consulting and co-operating with them, did we not in reality give credence to their doctrines? and was it for the interests of the profession that we should thereby undertake to demonstrate the powers of a decillionth of a grain? to demonstrate that a particle, taken from a mass of any substance possessing any power, is possessed of more power than the whole? and further, that it becomes thus potentised by being mixed with sugar of milk? and more, at last so powerful that the smell of it once a-week will effect a cure, and do it in the only rational way? Was it for the interests of our honourable profession that Hahnemannism should henceforth become its foundation? We were often called on to believe things above our reason, but we trusted that time would never see us believing anything contrary to that faculty. If, then, it be incompatible with the honour and interests of the medical profession to consult and co-operate with homœpathists, should we hesitate to declare that one of our own body so doing will forfeit the respect of his professional brethren? Was it honest to say less? Was not such a declaration a peculiarly fit one for such a society as this to adopt? Was it not in harmony with its fundamental constitution? Were not such erased from its list of members, what could they, as a society, do, if they have not sufficient power to decree this? He concluded by seconding the resolution.

The resolution was carried unanimously.

REPORT OF THE READING PATHOLOGICAL SOCIETY.

Mr. G. POUND (Odiham) read the retrospective address of the Reading Pathological Society, making some able and instructive remarks on the cases brought before the society during the past year. In accordance with the wish of the meeting, this address will be published in the JOURNAL.

The members afterwards dined together, and spent an agreeable evening at the George Hotel.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 22ND, 1858.

SIR C. LOCOCK, Bart., M.D., President, in the Chair.

OBSTRUCTION OF THE BOWELS, CAUSED BY AN ADVENTITIOUS BAND CONSTRICTING THE UPPER PORTION OF THE ILEUM: GASTROTOMY: WITH OBSERVATIONS.

BY JOSEPH RIDGE, M.D., F.R.C.P., AND ALEXANDER ANDERSON, A.M., F.R.C.S.

THE patient was a youth aged 16, with well-formed limbs, but the false ribs on each side flattened. His attack commenced with two loose motions at night and one in the morning, after which colicky pains supervened. Mr. ANDERSON was called to him in the evening, and found the abdomen rather depressed, and retracted below the level of the navel. Pressure did not produce much or any pain, except in the right iliac region. Five grains of calomel and of soap and opium pill were prescribed, and were followed next morning by a carminative draught, with rhubarb and sulphate of potash, which was vomited, as was everything else taken. He had at times very severe pain, with sensations of rolling in the intestines, and attempted to pass dejections, but in vain. The pills were repeated, and succeeded after two hours by a tablespoonful of castor oil, which was also thrown up; as was afterwards the food, partially digested and mixed with bile. Distressing pains recurred at intervals in the bowels, and frequently calls to stool, without any other effect than the passage of flatus *per rectum*. A drop of croton oil was given; three grains of calomel and of soap and opium pill, and two of Barbadoes aloes, were ordered every third hour, and warm water injections. After extreme suffering from the intestinal pains, with nausea and faintness, he vomited a large quantity of brown and very offensive matter, and felt greatly relieved. There had been further unavailing inclinations to stool. Pain on pressure extended to the umbilicus, and he was bled from the arm to about sixteen or twenty ounces. The abdomen was covered by a mustard poultice. Two grains of calomel and three of soap and opium pill were ordered to be taken every sixth hour, and he was restricted to small quantities of water. Soon after the visit he brought up a good deal of fluid, from the colour and odour of which there could be no doubt of its having come from the intestines. Tenderness persisted, with sounds of flatulent movement. An enema of tobacco came away with much fæces.

Dr. RIDGE now saw him, and it was agreed to administer as large an injection as possible of warm water by the aid of a tube introduced far up the bowel. The fluid returned with some feculent matter, which might have existed in the colon before the obstruction. The extent to which an abundance of water passed, a painful intumescence a little above and to the right of the umbilicus, the flatness and softness of the abdomen below its line, led them to believe that the large intestines were free—that the obstacle was seated at a superior part of the ileum, near the spot described. The patient was greatly exhausted, and allowed a wineglassful of beef-tea, the same quantity of milk with lime-water, at alternate intervals, should the stomach bear well that amount of supply. Injections of gruel and olive oil were ordered in quantities that could be retained.

The amount of urine excreted showed that a great portion of the ingesta by the mouth and rectum entered the circulation. Flatus was still discharged downwards, but there had been no appearance of stercoraceous matter. Subsequently, a chocolate-coloured fetid liquid was cast up, and had evidently ascended from the small intestine. Nutrition was, therefore, attempted by injections alone. Abdominal pain increased; and fearing lest peritonitis should arise, and the time for rescue or relief by operation pass away, it seemed a judicious experiment, prior to such a formidable proceeding, to permit the intestine to receive gradually nutritive fluid, in order to watch results that might be more hopeful, or assist further in determining the completeness and mechanical character of the impediment. Small quantities were taken from time to time until the following morning, when augmented local fulness and suffering ended in vomiting of the like fluid, that may be said to have been distinctive of the upper portion of the ileum, and fixed the resolution of the authors to open the cavity, rather than leave him to the probabilities of a distressful death from an unrestored alimentary passage.

Mr. Anderson, assisted by Mr. Erichsen, operated whilst the patient was under the influence of chloroform, at a temperature as near to 70° as possible, and on the seventh day of the seizure.

On dividing the peritoneum, turbid serum escaped. The contracted intestine was traced until it was found girt by a band close to the right of the spine, somewhat above the line of the navel. In tearing the cord, fluid was felt to pass through the released gut from the dilated bowel, which looked more like the cæcum than a portion of the ileum, and there was some difficulty in replacing the intestine from its having become distended. Mercury and opium were continued in the vain hope of controlling the peritoneal inflammation already manifested by the observed effusion, and the rapid pulsation of the turgid arteries of the exposed intestine. Nutriment was retained by the stamach and rectum, but death occurred after twelve hours, without nausea or any particular distress having appeared.

The small intestines were found agglutinated by a thin coating of recent lymph. The upper third of the ileum remained dilated, and its coats were darkly congested, thickened, and œdematous. Contents escaped through perforations of the compressed part; the surrounding tunics were thin, soft, diaphanous, ready to burst from innutrition, without the ordinary appearances of slough or gangrene. The omentum, passing from left to right, was drawn down and adherent to the meso-colon, near the cæcum, by an old fibrinous effusion. Some mesentric glands were enlarged, and, with his youthful age and defective chest, threw additional light on the origin of the peritoneal adhesions, as being derived from scrofulosis, which was viewed as a separate and not unfrequently an occult source. He had often complained of abdominal uneasiness during the two previous years, and sometimes of costiveness with colic, suddenly terminating in profuse loose motions, and complete relief. On more than one occasion he had been discovered bent on his knees and elbows in bed, to lessen sufferings probably connected with obstructions variously caused by the plastic exudations and their subsequent contraction. The passage of flatus *per anum* was regarded as in some measure diagnostic of incarceration, or of imperfect occlusion by a crossing band, or cause acting in the way of pressure rather than of ligature.

SUPPLEMENT TO A PAPER ON THE MEMBRANA DECIDUA.

BY ROBERT LEE, M.D., F.R.S.

This paper contained the details of the examination of the ovum found in a case of extrauterine fœtation, reported in the British Medical Journal on the 13th February last. The author, on reading this report, addressed a letter to Mr. Favell, asking him to send the preparation for minute investigation, a request which was immediately complied with. The author having placed the parts in a shallow vessel, and covered them with rectified spirits, proceeded with fine forceps and needles, and a dissecting lens magnifying six diameters, to determine the nature of the connexion between the inner surface of the Fallopian tube and the outer surface of the ovum. He found the placenta and villi of the chorion completely surrounded by a deciduous membrane. He was unable completely to separate the two layers of this membrane, in consequence of its being hardened by the spirit in which it had lain some time. The appearance of the amnion was natural. In the cervix and fundus of the uterus were several soft membranous shreds adhering slightly to the lining membrane.

CASE OF PREMATURE PUBERTY. BY R. B. SMART, ESQ., M.R.C.S.

[*Communicated by* R. Quain, Esq., F.R.S.]

Mary D——, a girl born in Manchester in January 1853, had an appearance of hair on the pubes, followed by a menstrual discharge at the age of three years and six months. None of the assigned exciting causes of early puberty could be traced. She seemed to be generally out of health before the first occurrence of the catamenia, but has since become strong and well, the menses recurring with perfect regularity up to the time of observation. She is now (May 1858) three feet seven inches in height, and weighs fifty-two pounds. Her general appearance is wonderfully like that of an adult female of short stature; her bust is full and womanly; the breasts large and prominent, with the characteristic glandular feel on manipulation; the nipples are well developed, and the veins of the breasts much marked. Rather from the abundance of fat over all the body than from the size of the bones, she is wider across the hips than other children; she has a distinct forward curve in the lumbar spine; the hair on the pubes is light brown, and about an inch in length; the external parts of generation have very much the conformation of an adult. In intellect the child is backward; her disposition is lively but obstinate; there is no positive indication of sexual propensities.

The case has a table of measurements, in which the proportions of this child are contrasted with those of her sister, who is a year and eight months older than herself. This sister is shorter, and weighs nearly a stone less than the subject of the paper, and many of the measurements are in excess in the younger girl, especially the girth of the body and limbs. Photographic portraits of the case represent at a glance the chief peculiarities. The writer of the paper has given a table of references to other similar cases published in England, and makes some comments on the points which are of interest to the physiologist.

INFLUENCE OF LIQUOR POTASSÆ AND OTHER FIXED CAUSTIC ALKALIES UPON THE THERAPEUTIC PROPERTIES OF HENBANE, BELLADONNA, AND STRAMONIUM.

BY A. B. GARROD, M.D., F.R.S.—NO. II.

The object of this communication, which was a continuation of a paper, a report of which was given in the British Medical Journal for December 12, 1857, was—

1. To prove that the active principles of the plants under consideration are absolutely destroyed by the influence of the caustic alkalies.

2. To show the ratio which must exist between the different preparations of the plants and the alkalies for the neutralization to be perfect.

3. To ascertain the time demanded for the decomposition to be complete.

4. To illustrate clinically the influence of the alkali in preventing the occurrence of symptoms, and removing such when large medicinal doses of these solanaceous drugs are administered.

Dr. Garrod first showed that liquor potassæ, although strongly caustic, still possessed but little neutralising power, containing not more than 6·7 per cent. of potash; and that most of the preparations of henbane, belladonna, and stramonium, as the tinctures and extracts, were strongly acid in reaction, and hence, before the alkali could act upon the active principles contained in them, it must first neutralise this acidity, and next separate the alkaloids from the acids with which they naturally are combined in the plants; that, therefore, much more was required (measured by the physiological or therapeutic strength of the drugs) to neutralise the galenical preparations than their alkaloids, or the active principles themselves. To prove that the active principles were absolutely destroyed by the alkali, he performed several experiments in the following manner:—A solution of atropine was made by dissolving it in water with the aid of a little spirit, dividing the solution into two parts, adding to one some carbonate of potash, to the other a sufficiency of liquor potassæ, and permitting both to remain for some hours. Chloroform was afterwards well shaken with both solutions, and allowed to subside, the supernatant fluid being poured off, and the chloroform washed with a little distilled water. Each portion was evaporated spontaneously in glass dishes. From the solution, to which carbonate of potash had been added, a gummy matter was obtained, (soon, however, becoming crystalline,) a solution of which dilated the pupil intensely; and when acidulated with hydrochloric acid, and chloride of gold dropped in, it gave rise to the beautiful plumose crystals of the double chloride of gold and atropine. From the second solution, that to which liquor potassæ had been added, a strong-smelling substance was left, on the evaporation of the chloroform, having no power, dilating the pupil, and giving rise to no crystallisation with the gold salt.

These experiments demonstrated the absolute destructive agency of the caustic alkali upon the active principles. It was also shown that most other alkaloids, as morphia, quinine, cinchonine, etc., were not so destroyed. To show the ratio which must exist between the different preparations of the plants and the fixed alkali, in order that neutralisation may be perfect, Dr. Garrod gave the results of more than sixty experiments and observations in a tubular form, from which it appeared that when atropine is acted upon by liquor potassæ, the destructive influence of the latter is so great that less than twenty minims are required to neutralise one grain of the former, and that probably pure potash will destroy its own weight of atropine. When belladonna preparations are employed, the power of the potash becomes weakened, from the causes above alluded to—namely, the natural acidity of the

drugs, and the necessity of first displacing the alkaloid from the acid with which it is combined: still, however, it was shown by the table that fifteen minims of liquor potassæ will destroy a fluid drachm of the tincture, and that twenty-five minims are sufficient to produce the same change in five grains of the extract; at once demonstrating that quantities very greatly beyond the medicinal doses of these drugs—indeed, even poisonous amounts—are rendered quite inert by very moderate addition of the alkaline solution.

The same was found to hold good in the case of daturine and the preparations of stramonium. Ten minims of liquor potassæ will neutralise a drachm of tincture of henbane, and thirty minims destroy nine grains of extract of henbane; although when ten grains are employed, dilatation will often ensue from a small portion of the extract, less than one grain being left free, and it should be observed that a very minute proportion of these preparations are amply sufficient to induce the effect. Of course these extracts and tinctures are liable to variation in strength, acidity, etc., circumstances which must necessarily produce an alteration in the requisite amounts of liquor potassæ required for complete neutralisation. With even the best extract, however, procured from one of the first druggists in town, it was found that nine grains were destroyed by the above named quantity of potash. Nine grains of good extract of henbane and three fluid drachms of good tincture of the same, may be considered as doses of the drugs, which few practitioners would prescribe; yet these are destroyed by thirty minims of liquor potassæ, proving beyond all doubt that in the proportions prescribed in actual practice a total neutralisation of effect ensues. To ascertain the required time, Dr. Garrod made experiments with solutions of atropine, and commenced the observations shortly after the addition of the potash. In an hour and a half the effect on the pupil was much diminished, and in two hours and a half ceased altogether. The influence of the alkali in preventing the occurrence of symptoms and removing the same when large medicinal doses of these solanaceous drugs are administered, was clinically illustrated by the narration of several cases, in which, after very decided effects had been induced by henbane or belladonna preparations, the addition of a very small quantity of liquor potassæ to the draught (the patient continuing the other drugs) quickly caused the cessation of the symptoms; and again, other instances where the withdrawal of the liquor potassæ from a combination was followed by the occurrence of powerful symptoms. From these observations and experiments, Dr. Garrod concluded that the liquor potassæ possessed the peculiar power of destroying the active principles of henbane, belladonna, and stramonium, even when in very dilute solutions, and that the combinations frequently prescribed are utterly incompatible both in a chemical and therapeutical point of view.

Dr. Garrod, in answer to Dr. O'Connor, said that he had not tried the effect of heat in his experiments, but he had no doubt that an increase of temperature would increase the rapidity of decomposition.

Dr. O'Connor had observed for a long time past the facts stated by Dr. Garrod, and that it had been distinctly stated by Geiger, on the authority of Liebig, that atropia, stramonium, and hyoscyamia were decomposed by fixed alkalies, and that on the application of heat the decomposition was more rapidly effected. From having read the statement of Liebig, some twelve or thirteen years ago, he had never since ordered fixed alkalies in combination with either of those preparations.

Dr. Garrod had enumerated in his paper the works in which the statement had been made that alkalies had the power of destroying the active principles of henbane. He claimed no originality in the matter, but simply the merit of having brought the subject prominently forward at a time when, notwithstanding the statements of several authors, medical practitioners were constantly in the habit of prescribing medicines which had the power of completely neutralising each other.

CONTRIBUTIONS TO THE PATHOLOGY OF THE GLANDULAR STRUCTURES OF THE STOMACH. BY WILSON FOX, M.D., B.A. LOND.

The observations recorded contain the result of a series of microscopical examinations of 100 stomachs, taken indiscriminately from the bodies brought for *post mortem* examination to the Pathological Institute of the Charité Hospital, Berlin, under the direction of Professor Virchow. The principal morbid conditions noticed were classified under the heads of acute and chronic affections, and described under the title of "Catarrh of the Stomach." The microscopic characters of one case of acute gastritis were described; and mention was made of the appearances presented by a case of amyloid degeneration, and of one other specimen, presenting some unusual and hitherto undescribed changes, occurring apparently in the connective tissues intervening between the glands.

Acute catarrh, in addition to the naked eye appearances of injection, swelling of the membrane, prominences caused by glands filled with epithelium, and an increased secretion of mucus, was characterised microscopically by an increased nutritive activity, displayed by the epithelial elements, which were produced with greater rapidity, and were of a larger size than normal, while their appearance was more granular than in the healthy state. The glands under these circumstances had an unusually white appearance by reflected, and a darker look than natural by transmitted light; both of which, as well as the granular character of the individual cells, disappeared on the addition of caustic alkalies. The cells broke down with great facility, and frequently the gland-tubes were found filled with molecular *débris* and free nuclei. Slight fatty degeneration accompanied this condition, but did not proceed to any marked extent in the acute stages. "Granule cells" had not been observed by the author. Both classes of glands—viz., those lined with a cylindrical, and those containing a spheroidal epithelium, appeared to be equally affected, though the pyloric portion suffered with greater frequency than other parts of the stomach. The microscopic appearances observed in the case of acute gastritis recorded corresponded very closely to those above described; but the changes in the epithelial cells existed to a more marked degree, proportionate to the intense injection which was present.

The condition of *chronic catarrh*, which appeared to result from repeated or long continued attacks of the acute affection, was characterised by a series of changes analogous to those produced by chronic inflammation of other parts. It might be met with independently of any evidences of the acute affection, or appearances characteristic of both might appear simultaneously. The naked eye appearances of chronic catarrh were thickenings of the mucous membrane, occurring at times irregularly, and then giving rise to unevenness of the surface, which were due to prominences of individual follicles and of groups of glands. Alterations in colour also occurred; of these the most characteristic was a slaty-grey discoloration, met with in patches of variable extent. Translucent spots were seen scattered over the surface, and in some parts dull opaque white patches. There was an increase of the mucous secretion, which frequently had a peculiar glassy look. The microscopic changes were numerous, but might be classified under the heads of—

1. Increase in the amount of the connective tissue between glands.
2. Thickening of the membrana limitans of the glands.
3. Fatty degeneration of the glandular epithelium and atrophy, and loss of the epithelium of the tubes.
4. Pigmentary deposit in the tissue.
5. Cystic degeneration of the glands.

1. In estimating the amount of increase of the connective tissue, a fallacy had to be avoided, which arose when sections were not made directly in the line of glands, when the amount of connective tissue appeared greatly increased. The amount also varied in different parts, being greater in the pylorus and the immediate neighbourhood of the cardiac openings than in other parts. Cadaveric decomposition might also, by facilitating the destruction of the *membrana limitans* of the glands, give rise to an appearance under the microscope of nothing but fibrous tissue, in which free nuclei and molecular *débris* lay imbedded. A true increase was best estimated after the addition of acetic acid, when the interspaces between the glands were seen to be widened, and the nuclei of the tissue were brought into view in increased numbers. The *état mamelonné* was occasionally produced by marked degrees of this condition, but it frequently occurred unassociated with any other morbid change, and could not therefore be considered as pathognomic of this or any other particular affection. An appearance of an independent development of free nuclei in the midst of the connective tissue, as described by Dr. Handfield Jones, had not been seen by the author, except under circumstances where there was suspicion of their having been introduced accidentally from the rupture of the glands. Increase of the connective tissue did not appear necessarily to cause atrophy of the gland-tubes, as the extensibility of the wall of the

stomach obviated the consequences which the pressure produced by its retraction would cause in a less elastic organ.

2. Thickening of the *membrana limitans* had been observed as one of the appearances of this condition. In some, but not in all cases, the addition either of acetic acid or caustic alkalies might cause this membrane to swell, and then give rise to a fallacy; but it had been observed by the author without the addition of reagents.

3. Fatty degeneration of the glandular epithelium was very frequent. Slight degrees of this change could scarcely be considered as morbid, but in many cases the interior of the glands was entirely filled with fat-drops.

4. Deposits of pigment might take place both in the epithelium and in the cells of the connective tissue. Its presence was due to the escape of hæmatine by rupture of the overloaded vessels during the congestion which attended the earlier stages.

5. Cystic degeneration of the glands was not unfrequently a consequence of the causes producing some of the above-mentioned conditions. The cysts might, on careful examination, be seen by the naked eye; and their origin, in changes in the glands, was proved by the fact that they contained either cylindrical or spheroidal epithelium, differing in this respect from the solitary glands of the intestine, whose contents were cells of smaller size and different characters. These were occasionally met with in the stomach; but the author believed that this frequency had been exaggerated, owing to the cystic degenerations having been mistaken for them. The immediate cause of the formation of these cysts seemed to be in a contraction taking place in some part of the course of the tubes, either from an increase in the connective tissue around the gland, or from some change in the *membrama limitans*. The part below the contraction became dilated with the products of secretion, while the gland-tubes above atrophied. Sometimes two cysts might be formed on the same gland. At a later period, the epithelial contents might undergo atrophy, and the cysts remain filled with a tenacious colloid matter. These cysts had been found associated with similar formations in the rectum and upper part of the digestive tube, especially in the uvula; and might possibly correspond with the condition described by Professor Simpson, under the title of "Chronic Pellicular, or Eruptive Inflammation of the Intestinal Mucous Membrane." The translucent appearance observed by the naked eye in patches of the mucous membrane, was found to be caused by fatty degeneration of the epithelium of groups of glands. It was not unfrequently found around spots of hæmorrhagic erosion. To the same cause were due whitish spots seen deep in the substance; but the difference of appearance in the two cases did not seem easily explicable. Opaque white spots, apparently superficial, were found to be due to a fatty degeneration of all the elements of the membrane, and especially of the cells of the connective tissue. They might, by breaking down, give rise to a loss of substance at the parts, and the process of their formation and disintegration offered a striking analogy to the fatty erosion of the arterial coats as described by Professor Virchow.

There was a considerable analogy between the changes produced by these inflammatory affections in the stomach and those met with in the kidney, and tending to illustrate the laws of diseases of grandular organs in general; and though the difference in the structure of the organs caused considerable variation in the forms produced, yet the essential characters were very similar in both. In the acute stage they were chiefly evidences of increased nutritive activity, called forth by the inflammatory stimulus, as shown by the enlargement of the epithelium, and the increase of protein contents in the interior of the cells. In the more chronic forms, the connective tissues were those principally affected by a tendency to hypertrophy; while the gland-cells underwent a fatty degeneration or atrophy; and the parallel was complete, even to the formation of cysts caused by similar changes in the gland-tubes of both organs.

The causes of catarrhal conditions of the stomach were, as pointed out by other observers, to be found with greatest frequency in disease obstructing the general circulation, and changes belonging to the chronic type were found with a paramount frequency in phthisical patients; though no case of tubercle of the stomach had been observed by the author. Acute catarrhal affections appeared to be not unfrequently associated with septic or other acute general diseases, and had been observed in cases of puerperal fevers and cholera, where the kidneys presented, both to the naked eye and under the microscope, the appearances observed in the first stage of Bright's disease. Chronic induration of the kidney, associated with fatty degeneration of the renal epithelium, and increase of the connective tissue, had also been observed coincidently with similar affections of the stomach.

THE INFLUENCE OF THE CERVICAL PORTIONS OF THE SYMPATHETIC NERVE AND SPINAL CORD UPON THE EYE AND ITS APPENDAGES; ILLUSTRATED BY CLINICAL CASES; WITH OBSERVATIONS. BY JOHN W. OGLE, M.D.

The main object of this paper was the application to clinical medicine of the various experiments which have from time to time been performed, as showing the influence possessed by the sympathetic in the neck and the upper part of the spinal cord upon the iris and upper eyelid. Experiments and dissection as regards the lower animals have shown that the curtain of the iris, containing, as it does, two sets of muscular fibres, a circular set by which the pupil is contracted, and a radiating set by which it is enlarged, is under the domination of two separate and distinct sources of innovation. The third cranial nerve is found to control the circular or contracting fibres, and the sympathetic, by virtue of communications with the lenticular ganglion, is found to control the dilator or radiating fibres. Hence if the influence of the third pair be destroyed, the pupil becomes dilated, inasmuch as the dilator fibres, those presided over by the sympathetic, are unopposed; again, if the influence of the third cranial pair be left unimpaired, and that of the sympathetic be destroyed by section or extreme pressure, then the pupil becomes contracted. The author dwelt upon the history of the various experiments upon which the above statements are made, and also upon those from which it is concluded that in certain parts of the spinal cord resides the power or influence which acts upon the dilator fibres of the iris passing to that structure through the sympathetic viâ the roots of certain cervical and dorsal nerves. From these latter it is apparent that the same paralysis of the dilator fibres of the iris which follows section of the sympathetic in the neck follows also the severance of such fibres as connect the sympathetic with the spinal cord, as also the section or destruction of the spinal cord itself in certain parts. Accordingly it might naturally be expected that any cause of extreme pressure acting upon the various portions of the nervous system before alluded to would, as in the various experiments before adduced, cause a contracted state of the pupil on the side corresponding to that on which the extreme pressure existed. And thus it was that Dr. Gairdner, of Edinburgh, first sought to explain those cases in which, along with an intrathoracic aneurism, a contracted state of the pupil coincided. These cases of his were detailed, several of them not having been hitherto recorded, and to these others were added of his own observation, as well as some from other sources. Cases were next given in which pressure from aneurism upon the sympathetic in the neck had produced contraction of the pupil. In the third place, instances were adduced in which extreme pressure from other causes than aneurisms had produced a like effect upon the pupil, as in the case of enlarged glands, carcinomatous deposit, etc. In the fourth place, bearing in view the intimate connection between the sympathetic main branches in the neck, and the cervical part of the spinal cord, he drew attention to several cases in which a contracted pupil had been observed in injuries of the spinal cord itself.

But in addition to a contraction of the pupil as brought about by section of the sympathetic, spinal cord, etc., as before spoken of, experimenters have also found that irritation or galvanism of the same parts of the nervous system will bring about a dilatation of the pupil, and that this dilatation may be effected even when section or extreme pressure has already given origin to contraction of the pupil. Accordingly, in these physiological facts an explanation was sought of certain cases in which pressure from aneurism, diseased products, etc., appeared to produce, not a contraction, but a dilatation of the pupil in man; and he instanced, in the fifth place, several cases in which the pressure from various sources was inestimably so much in extreme as to be, in fact, a source of irritation or stimulus, acting in the same way as it was found in animals, that any stimulus, mechanical, chemical, or galvanic, would act upon the sympathetic. In no other way could he explain the dilated state of the pupil which existed.

But besides the above-described effect upon the pupil of the eyes, in enumerating the various experiments in which the sympathetic etc., was divided, special attention was drawn to a dropping of the upper eyelid, or ptosis, which on several occasions was observed. This phenomenon was explained on the

supposition that along with the sympathetic fibres to the iris, those to the third cranial pair are also paralysed, and hence the levator of the upper eyelid, which is supplied from the third pair, is deprived of power to a greater or less degree. One or two cases were also adduced in which ptosis of the upper eyelid was observed in connection with pressure about the neck, from aneurism of other sources. He offered the same explanation of the convergent strabismus which, in the hands of certain experimenters, was, along with other results, found to depend upon a division of the sympathetic cord in the neck. He supposes it to have existed by reason of paralysis of such fibres (in several animals, five or six in number) as pass up to join the sixth cranial pair of nerves, by which the power of this muscle becomes weakened, and its action counterbalanced by the internal adductor muscle.

Editor's Letter Box.

LICENTIATES AND EXTRA-LICENTIATES.

SIR,—A homœopathic practitioner in Cambridge, an *extra licentiate* of the College of Physicians, signs himself "Licentiate". Now, the examiners are different; the examination is different; the fee is different; and the privileges conferred are different. Will you have the kindness to inform me if he has any right to the title of "Licentiate"? and you will oblige yours, etc., QUERY.

August 9th, 1858.

[The person referred to has no right to be called other than what he is—an extra-licentiate. EDITOR.]

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged if you will allow me, through the medium of your JOURNAL, to address the Poor-law medical officers on the subject of the accompanying correspondence.

On the receipt of the draft Bill from the President of the Poor-law Board, it will probably be necessary that I should communicate individually with each Poor-law medical officer, in order that our replies may, as nearly as possible, be of a uniform character; otherwise difficulties may arise to impede the progress of the measure. Without funds at command, however, it will be impossible for me to institute such correspondence. During the last three years, upwards of eight hundred medical men have thrown up their appointments: indeed, during the last seven months one hundred and sixty officers have quitted the service, many of whom were liberal supporters of our cause. These frequent resignations necessitate a continuous agitation, in order to maintain the position of the Association, which has already laid the foundation for important changes. I therefore trust every gentleman, especially those who have recently accepted appointments, will join our ranks, that, by numerical strength, we may assist the President of the Poor-law Board to overcome the selfish opposition of Boards of Guardians, and enable him to redress the grievous wrongs that he has admitted now to exist.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 22nd, 1858.

I. *Mr. Griffin to the President of the Poor-law Board.*

"12, Royal Terrace, Weymouth, July 9th, 1858.

"SIR,—May I take the liberty of asking you to inform me if the Bill to improve the position of the Poor-law medical officers will speedily be introduced into the House of Commons? I fear it may not be considered etiquette for me to see the Bill before its introduction; if it were, I should be glad to do so, as it is possible, from my acquaintance with the subject, that I might be able to point out things that have been overlooked, and prevent trouble hereafter.

"I have the honour to be, sir, your obedient servant,

"RICHARD GRIFFIN.

"The Right Hon. the President of the Poor-law Board."

II. *The President of the Poor-law Board to Mr. Griffin.*

"31, Eaton Place, S.W., July 18th, 1858.

"DEAR SIR,—I delayed answering your letter of the date of the 9th, as I had received notice that the question which you put to me would be addressed to me in the House. You will probably have seen the answer which I gave to Mr. Cobbett. In fact, I have found that, in dealing with the subject of medical relief, I should have to propose such material changes in the present practice that it seemed to me desirable to ascertain from all parties concerned what they would think of the new plan before it is made public in so formal a shape as a Bill presented to Parliament. I have therefore decided to print my plan in the form of a Draft Bill, and to communicate it during this autumn to all unions and medical officers, with a view to learn their opinions on the provisions of it. In this way, I hope to receive their sentiments in a more unreserved manner, and thus to be better prepared for my ultimate object, which is, to be ready with a well digested Bill when Parliament shall reassemble. "I am, dear sir, yours truly,

"T. SOTHERON-ESTCOURT.

"R. Griffin, Esq.

"P.S. You are at liberty to communicate this letter to any persons interested."

THE DENTAL CLAUSE IN THE MEDICAL REFORM BILL.

LETTER FROM J. C. CLENDON, ESQ.

SIR,—I send you a copy of a letter addressed by me to the *Morning Post* in reply to an article, which also for your information I enclose. Although my letter is addressed to a daily paper, I shall esteem it a favour if you will insert it, together with Mr. Beresford-Hope's reply, in the BRITISH MEDICAL JOURNAL, accompanied, if you think proper, by any remark of your own.

I do not propose further to trouble myself beyond thus emphatically entering my protest on behalf of myself and the medical profession, against the Clause introduced by Mr. Hope into the Medical Reform Bill, without the knowledge or sanction of its promoters. However long the Clause may have been draughted, it was not the original Bill. I, for one, had not the remotest idea that such a clause was to be introduced; and whatever sanction the College of Surgeons may have given to it, there is still their recorded opinion of only last year, to the following effect: "The Council entertained a strong opinion that the surgical qualification for the proposed examination of practitioners of dental surgery, should be the same as that required for the membership of the College."

By the Clause in question, Mr. Hope does not wish to interfere with the fifteen hundred existing practitioners of dental surgery, the great bulk of whom are, to use his own words, "pretenders who have had no surgical education at all." I also would not interfere with them; but in providing for the future, we differ entirely as to what the *minimum* standard of education should be. Mr. Hope considers that a fragmentary education in anatomy and surgery would be all-sufficient. I would make it compulsory that all future *surgeon*-dentists should, as the name implies, be surgeons, that is, members of the College of Surgeons.

Mr. Hope says, had he not been satisfied that his clause would in no way militate against the acquirement by future dentists of scientific surgery, he would never have introduced it; but I ask is it likely that students will enter for the superior examination, if the inferior is to place them in as good a position; and if we are to stop short at a mere local knowledge in one department, why should not the same argument apply to the study of the eye, the ear, deformities of the limbs, skin diseases, or any other specialty; and I put it to Mr. Hope—will he make inquiry of the practitioners of ophthalmic surgery for instance, would *they* be willing to have a special examination, and to be placed in an inferior position to the practitioners of general surgery.

I am, etc., J. C. CLENDON.

28, Albemarle Street, July 31, 1858.

1. *Mr. Clendon to the Editor of the "Morning Post."*

"SIR,—Allow me to say a few words touching the article on the Medical Reform Bill in your yesterday's impression, in which I perceive my name to be prominently brought forward.

"To the disappointed honest reformers, who, on receiving their Bill back from Parliament, find it so shorn of its strength and value, that they hardly recognise it, there is some consolation in the thought that the common sense of public opinion, as soon as it is brought to bear on any subject, is sure to repair glaring errors, especially those of omission. Errors of commission are unfortunately of graver moment; lightly done, and lightly undone, ought not to be the case with legislation. A bad measure once passed is apt to go long unrepaired.

Exactly of this nature, viz., a positively bad measure, is the clause affecting dentists slipped in at the last moment by Mr. Beresford-Hope, the drift of which probably not a dozen members in the House understood. The question which suggests itself to my mind is—Did Mr. Hope understand it himself; or did he, a man of great learning and scientific attainments, at the bidding of some interested party, knowingly step forward as the champion of a low standard of education for dentists, whilst the medical profession are unanimous in urging a high one, and at a period when all professions are vieing with each other by competitive examination and other means which shall train to the highest excellence? It is sad to see one specialty of surgery thus degraded and severed from the rest, and the public placed at the mercy of partially qualified practitioners to gratify mere party views. To myself, who have for years been labouring in an opposite direction, earnestly striving to raise the education and usefulness of the department to which I belong, the thing is very grievous; and in my views of the necessity of surgical education for dentists I not only follow in the wake of men of the highest eminence in the profession, as Bell, Nasmyth, etc., but am backed by the recorded opinion of the Council of the College of Surgeons themselves, as quoted by you in your article. If further testimony were needed, I have it in the communications recently addressed to me by several of the highest living authorities. As a proof that the clause in question must have a retrograde tendency, I need only mention that when I commenced practice five and twenty years ago, there were not more than three or four surgeon-dentists—that is, members of the College of Surgeons; there are now about fifty, and the number is increasing yearly. Is it likely when a lower standard is accepted this will continue?

"I am, sir, your obedient servant, J. C. Clendon.

"28, Albemarle Street, July 27."

2. *Mr. Beresford-Hope to the Editor of the "Morning Post."*

"Sir,—I observe in your paper of this morning a letter from Mr. J. C. Clendon, inquiring whether I am aware of the bearing of the clause I moved on the Medical Reform Bill, and suggesting that I was induced to take it up by 'some interested party.' In reply I have only to state that the clause in question was drafted last year by the Solicitor of the College of Surgeons, as expressing the feelings of that eminent body, and that it has the approval of men at the head of the scientific dentists belonging to the Odontological Society and the College of Dentists. Mr. Clendon must therefore forgive my expressing a doubt whether he understands its scope. It is not intended to forbid a maximum, but to fix a minimum standard of proficiency in dentists, and its working will be to enable the College of Surgeons to establish a special dental curriculum, including all the highest branches of surgery which a dentist ought to be master of—on the one hand carrying the student further in certain specific studies than the general surgeon (who does not intend to be a dentist) need travel; and, on the other, not burdening his memory with those details of pathological and anatomical study which the man who intends to be a dentist, and not to be a general surgeon, need not master. Had I not been satisfied that my clause in no way militated against future dentists acquiring a general knowledge of scientific surgery, I never would have moved it. What it does, and what I intended it to militate against is, the assumption of the profession of dentists by ignorant pretenders who have had no surgical education at all.

"I remain, sir, your faithful and obedient servant,

"A. J. B. Beresford-Hope.

"Arklow House, July 28, 1858."

HOMŒOPATHY.

Letter from A. G. Field, Esq.

Sir,—Dr. Conolly, in his speech at the anniversary meeting held at Edinburgh on July 30th, stated, he never saw the profession so undignified—he might almost say so degraded—as at the meeting at Brighton, when the room was one scene of perfect uproar with denunciations of homœopathic practitioners.

The date of this occurrence is not stated; but it must have been the meeting in 1851 to which reference is made. Had Dr. Conolly been present in the Pavilion on the 27th of June (and all there would, I am sure, have heartily welcomed him), he would have been quite satisfied with the most dignified and reasonable tone of the discussion when the subject of homœopathy was forced upon the unwilling meeting. This was done by two gentlemen who denounced the delusion in no measured terms; but they were at once met by a temperate remonstrance for introducing a subject upon the unreasonableness of which we were all agreed. Being present myself at this last meeting at Brighton, I am able to state my conviction, that the majority of those who were there would have preferred that the subject of homœopathy should not have been introduced; but as it was pressed on their attention they felt themselves bound to express an opinion of dissent from those gentlemen who accept as truth the dogma of "similia similibus curantur"; and the resolution published in the Journal, July 3rd, which was accepted by a large majority, though less violent than some others which have been published, expresses an opinion which I submit to Dr. Conolly as being neither undignified nor degrading; indeed, I think he will agree with me, that it was the next best thing to leaving the subject alone altogether.

I am truly glad to find one so highly and justly esteemed as Dr. Conolly taking the high, liberal, and just tone he adopted at the Edinburgh meeting; and feel sure that we shall best command the respect of the public by following his example.

I am, etc. A. G. Field.

28, Old Steine, Brighton.

ACTION OF CROTON OIL APPLIED EXTERNALLY.

Letter from Spencer Thomson, M.D.

Sir,—To one point in Dr. Inman's very valuable paper on Counterirritants I feel it necessary to object. It is stated that croton oil exerts both a local and general effect, producing, when applied to the skin, "in the first place cutaneous inflammation, and in the second free purgation". I have used croton oil constantly, in an uncombined state, as a counterirritant, for twenty years, and cannot call to mind a case in which it has shown its purgative action. That it is possible for it to do so, I would not deny; but my own experience would lead me to the conclusion that such cases are extremely rare. I notice Dr. Inman's remarks specially, as they might deter some medical men from using this, when uncombined, most valuable counterirritant. I am, etc.,

Spencer Thomson.

Grangewood Lodge, Burton-on-Trent, July 28th, 1858.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Bennett. On July 26th, at 15, Finsbury Square, the wife of *James Risdon Bennett, M.D., of a son.

Black. On July 31st, at 49, Queen Anne Street, Cavendish Square, the wife of Patrick Black, M.D., of a daughter.

Cockell. On August 7th, at Dalston, the wife of Frederick Edgar Cockell, Esq., Surgeon, of a son.

Cooper. On August 5th, at Croydon, the wife of George Cooper, Esq., Surgeon, of a son.

Fincham. On August 5th, at 28, Chapel Street, Belgrave Square, the wife of George T. Fincham, M.D., of a daughter.

Halley. On August 2nd, at 7, Harley Street, Cavendish Square, the wife of Alexander Halley, M.D., of a daughter.

Hunter. On July 20th, on board the ship *Gloriana*, in the passage from Madras, the wife of Alexander Hunter, M.D., H.E.I.C.S., of a son.

Maund. On August 5th, at Ashford, Kent, the wife of Henry Maund, Esq.. of a daughter.

Millar. On July 22nd, at Coed-Helen, Carnarvon, the wife of *Charles Millar, M.D., of a son.

Nicholson. On August 1st, at Redditch, the wife of *John R. Nicholson, M.D., of a son.

Poulton. On July 28th, at Brighton, the wife of Charles Walter Poulton, M.D., Staff-Surgeon, of a son.

Rimington. On August 3rd, at 13, Loughborough Road, Brixton, the wife of Joseph S. Rimington, Esq., Bombay Medical Establishment, of a daughter.

Smith. On August 3rd, at 14, Caroline Street, Bedford Square, the wife of Henry Smith, Esq., Surgeon, of a son.

Sutro. On July 29th, at 37A, Finsbury Square, the wife of Sigismund Sutro, M.D., of a son.

MARRIAGES.

Aserappa—Wake. Aserappa, S. de Melho, M.D., to Emily Julia, second daughter of the late Charles T. Wake, Esq., at Trinity Church, St. Pancras, on July 27th.

Fyffe—Reid. Fyffe, William Johnstone, M.D., Surgeon 13th Regiment, to Catherine Elizabeth Mary, daughter of the late Lieutenant James Reid, Royal Navy, at Corsindae House, Aberdeenshire, lately.

Hastings—Mence. Hastings, George Woodyatt, Esq., of the Middle Temple, barrister-at-law, son of *Sir Charles Hastings, M.D., to Catherine Anna, daughter of the Rev. Samuel Mence, rector of Ulcombe, Kent, on August 10th.

Heath—Hope. Heath, Frederick A., Esq., Surgeon, of Manchester, to Catherine, elder daughter of the late Rev. John Hope, incumbent of St. Ann's, Southowram, near Halifax, at Brighouse, on July 27th.

Higginbottom—Yates. *Higginbottom, John, Esq., F.R.S., of Nottingham, to Sarah, relict of the late John Yates, Esq., of New Mills, Derbyshire, at the Union Street Chapel, Brighton, on August 7th.

Jenner—Adey. *Jenner, William, M.D., to Adela, daughter of Stephen Adey, Esq., at St. Mary's Church, Bryanston Square, on July 30th.

McLaren—Walker. McLaren, John Francis, Esq., of Glasgow, to Charlotte, elder daughter of John Walker, M.D., of Birkenhead, on July 30th.

Parker—Clifton. Parker, Theophilus R. B., Esq., Surgeon, to Frances Mary Ann, second daughter of the late Rev. Charles Clifton, of Tymawr, at Weymouth, on July 29th.

Payne—Dunlop. Payne, G. Burton, M.D., of Denbigh Street, Belgrave Road, to Anne Sharp, daughter of Archibald Dunlop, Esq., of Gloucester Terrace, Eccleston Square, at St. Mary's Church, Romney Terrace, on August 3rd.

Powell—Keal. Powell, the Rev. Richard, B.A., curate of Tenterden, Kent, to Mary Anne, eldest daughter of John Keal, Esq., Surgeon, of Melton Mowbray, on July 28th.

Sibson—Ouvry. *Sibson, Francis, M.D., F.R.S., to Sarah Mary, younger daughter of the late Peter Aimé Ouvry, Esq., of East Acton, at Mentmore Church, on July 26th.

Strong—Baber. Strong, Henry John, Esq., Surgeon, Stoke Courcy, near Bridgewater, to Maria Mary, fourth daughter of the late John Baber, Esq., of Knightsbridge, on July 29.

DEATHS.

Barry. On July 31st, at Cheltenham, at a very advanced age, Lætitia, widow of Richard Barry, M.D., formerly of Clifton.

*Dobson, James Stuart, Esq., Surgeon, at Harlow, Essex, on August 7th.

Edwards. On August 7th, at Benarth, Conway, after two days illness with scarlet fever, William Gamul, only son of *James Edwards, M.D., aged 17.

Evans. On August 7th, at 40 Newington Place, Kennington, suddenly, aged 65, Esther, wife of Edward Evans, Esq., Surgeon, late of Stones End, Southwark.

Filliter, William, Esq., Surgeon, at Dalston, of consumption, aged 32, on August 5th.

Hardey. On July 30th, at 2, Earl Street, Blackfriars, Sarah Ann, youngest daughter of Key Hardey, Esq., Surgeon, aged 10 months.

Hutson. On June 29th, at Pernambuco, of yellow fever, John, second son of T. R. F. Hutson, M.D., of George Town, Demerara.

Moore, Edward, M.D., F.L.S., at Plymouth, aged 64, on July 18th.

Parker. On July 18th, at Overton, Flintshire, aged 60, Marianne, widow of the late Henry Parker, M.D.

Power, John, M.D., at Hammersmith, aged 72, on July 22nd.

Richards. On August 5th, at Birmingham, aged 11, Katherine Helen, only child of *William Moseley Richards, Esq., Surgeon.

Rix, Samuel Shaen, Esq., Surgeon, at 5 Calverly Park, Tunbridge Wells, aged 57, on August 5th.

Robinson, George North, M.D., at Leadwell, Woodstock, aged 95, on July 20th.

Roe, George, M.D., at Cavan, on July 25th.

Slack. On August 2nd, at Glossop, aged 49, Ann, widow of Thomas Slack, Esq., Surgeon, of Salford.

Turnbull, Henry H., M.D., R.N., at Canton, in the discharge of his duty, on June 3rd.

Zuccani, Luigi, M.D., at Mandello, Lake of Como, aged 80, on July 31st.

APPOINTMENTS.

Bond, Francis T., B.A., M.B.Lond., appointed Professor of Chemistry in Queen's College, Birmingham.

Heslop, Thomas P., M.D., appointed Professor of Medicine in Queen's College, Birmingham.

Robertson, C. Lockhart, M.D., Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane, appointed Medical Superintendent of the Sussex Lunatic Asylum, now in course of erection.

*Wilkinson, F. E., Esq., of Sydenham, appointed Surgeon to the North Surrey Industrial Schools at Anerley, Norwood.

PASS LISTS.

Royal College of Physicians. At the Comitia Majora, held on Friday, August 6th, the following members of the College were admitted into the Fellowship:—

Dr. William Addison, Brighton
Dr. Andrew Clark, Montague Place, Russell Square

Royal College of Surgeons. Members admitted at the meeting of the Court of Examiners, on Friday, July 30th, 1858:—

Altham, James, British Guiana
Goodall, Richard Thomas, Ashover, Derbyshire
Grant, Robert Alexander Peter, Dawlish, Devonshire
Haigh, Henry William, Huddersfield
Hart, William, Tynemouth
Higgins, Henry, Peel, Isle of Man
Holmes, Frederick, Leeds
Jepson, Octavius, Gainsborough
Leadam, William Ward, London
Meadows, Henry Frederick, London
Phelps, Frederick Philip, Reading
Willis, William, Enniskillen

Monday, August 2nd:—

Barfoot, Edward, Islington
Dwyer, Daniel, Dublin
Garrington, Arthur Merrifield, Portsmouth
Johnston, Thomas, Bewdley, Worcestershire
Luther, Francis Michael, Clonmell
Mackenzie, John Ingleby, Caius College, Cambridge
Sass, Edwin Etty, Henrietta Street
Smith, Evan McLaurin, Demerara
Venning, Edgcombe, Great Yarmouth
Williams, William Rhys, Nottingham

Wednesday, August 4th:—

Black, James Birch, Belfast
Callaghan, William, Newtown-Limavady, co. Londonderry
Carbery, Andrew Thomas, Youghal
Graham, Baptist Gamble, Lowtherstown, co. Fermanagh
Griffith, John Clewin, Gower Street
Hayes, Robert, Belfast
Killery, St. John, Galway
Owen, Thomas Edward, Army
Phillips, Daniel Weld, Halesowen, Worcestershire
Waterson, Alfred, Manchester
Westmacott, Joseph Vaughan Lascelles, Manchester
Winstanley, George, Exeter

Friday, August 6th:—

Brickwell, Benjamin Arthur, Amersham, Bucks
Carruthers, Joseph, Melbourne
Clifford, Herbert, Army
Dashwood, William Henry, Broadlands, near Newport, Isle of Wight
Goddard, Richard Walter, Bryanstone Square
Graves, Hugh, Youghal, co. Cork
Lansdown, Joseph Ruscombe, Bristol
Marshall, Edmund Henry, Kelvedon, Essex
Meadows, Charles James Barr, London
Sheppard, Thomas Williams, Holford Square, Pentonville

Monday, August 9th:—

Baker, James Edmund, Royal Navy
Green, Francis, Houghton-le-Spring
Griffiths, Frederick, London
Hayes, Richard Henry, Beech Cliff, Newcastle.
Parker, Thomas Didymus, Sevenoaks, Kent
Pattison, Joseph Tarn, Queen's Road, Peckham
Rogers, Robert James, Brighton
Soulby, Henry, Toynton All Saints, near Spilsby
Storey, Robert, Ashby-de-la-Zouch
Sykes, George, Commercial Road East

Wednesday, August 11th:

Blackman, Matthew, Ramsgate
Cutmore, Charles Richard, St. John's Wood Terrace
Hancorn, James Richard, London
Hooper, William Roe, Bath
Hugall, Thos. John, Park Place Villas, Maida Hill West
Smith, David, Bath Street, Glasgow.
Woodward, Alfred, Bicester, Oxon

University of Dublin. At the summer commencements held in Trinity College, on Tuesday, July 6th, the following degrees were conferred:—

M.D.

McDowell, Benjamin G.
MacDermott, Robert

M.B.

Carey, L.
Carr, George Edward
Cruise, Francis R.
Ellis, John
Fiddes, John Montgomery
Smith, Henry S.
Temple, William

Apothecaries' Hall. Members admitted on Wednesday, July 28th, and Thursday, July 29th, 1858:—

Albert, George Pascal, Peninsular and Oriental Company
Albury, William John, Nassau, Bahamas, West Indies
Barker, Edgar, Oxford Square, Hyde Park
Barker, Samuel, London
Beadles, Hubert, Broadway, Worcester
Bickford, Thomas Leaman, Newton Abbott, Devon
Cazer, Thomas, Erith, Kent
Constant, Frederick George
Cooper, Geoffrey Veel, Bristol
Couch, William Oakley, Theberton Street, Islington
Daniel, Richard Sylvester, Manchester
Farrant, Mark, Collumpton, Devon
Gibson, James Edward, Army
Gorst, Richard, Prescot, Lancashire
Harvey, Henry Offley, Hailsham, Sussex
Higgins, Andrew Henry, Chester
Ingle, Robert Nicholas, Ashby-de-la-Zouch
Jones, Griffith Robert, Swansea
Jones, Pryce, Llanrwst, North Wales
Kay, John William, Huddersfield
Lake, John William, Beverley, Yorkshire
Leach, Henry, Wisbeach, Cambridgeshire
Ley, Edwin Granville, Rochester
Llewellyn, Llewellyn, London
M'Drugal, Alexander Mason, London
Phillips, Edward, Aberystwith, North Wales
Pike, Thelwell, Bucklebury, Berks
Samer, James, St. Cleather, Cornwall
Sams, John Sutton, Blackheath
Shooter, Charles, Yorkshire
Skinner, Horatio George, Great Grimsby, Lincolnshire
Summerhays, William, Crewkerne, Somerset
Swain, William Paul, Devonport, Devon
Venour, William, Teddington, Middlesex
Williams, Richard Parry, Minera, Wrexham, North Wales
Williams, William Henry, Plaistow, Essex
Wallis, George, St. Martin's-le-Grand

HEALTH OF LONDON:—WEEK ENDING JULY 31st, 1858.

[*From the Registrar-General's Report.*]

The deaths registered in London in the week ending last Saturday, July 31st, are 1161, and exhibit a slight increase on those of the previous week, when the number was 1132. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 1152; but as the deaths now returned occurred in a population which has annually increased, they can only be compared with the average after it has been raised in proportion to the increase—a correction which will make it 1267. The comparison thus made shows a reduction of more than a hundred in the deaths of last week; but it is necessary to remark, that cholera was spreading with great violence in the last week of July 1849, and with diarrhœa was fatal in 1007 cases; that the same epidemic had commenced at this time in 1854; and therefore the average which comprises both periods is too high to be used for comparison in a season which, like the present, is comparatively healthy. It will be found that the mortality of last week approaches very near an average derived from non-epidemic seasons.

If the deaths of last week had been according to "the healthy rate" of mortality, which is derived from those districts of England where the mortality is least, they would have been 799. Therefore the deaths that occur in excess of this number may be designated *unnatural;* and in the present instance these amount to to 362, though it is certain that the number thus described is understated, as will appear from the fact that the mortality of the selected country districts includes many deaths which properly fall under the same denomination.

The mortality from diarrhœa shows an increase, the deaths having risen from 127 in the previous week to 168 last week. Five occurred in the sub-district of St. Mary, Paddington, 5 in Camden Town, 9 in Islington East, 6 in Christchurch (Southwark), 5 in Lambeth Church sub-district, second part. Fifteen deaths are referred to "cholera", and 12 of these occurred to children. In the case of a man who died in Black Bull Yard, Gray's Inn Lane, the disease is returned as "cholera Asiatica". The fatal cases of scarlatina are still numerous; they rose last week to 78. Five deaths from it occurred in the sub-district of Haggerstone West, 2 of which were in the Shoreditch Workhouse, and were those of a man and woman who were brought on the 23rd ult. from 11 Victoria Place, Brunswick Street. Two children have recently died from cynanche tonsillaris in the house of a labourer in Putney, and three other children in the family have suffered from it. Fifty-six children died of measles; 6 of these in St. Saviour, Southwark.

The three oldest persons whose deaths are in this return are, a man aged 94 years, and two widows who were 95.

Last week the births of 877 boys and 780 girls, in all 1657 children, were registered in London. In the ten corresponding weeks of the years 1848-57, the average number was 1459.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·787 in. The highest barometrical reading was 30·07 on Saturday. The mean temperature of the week was 59·6°, which is 2·5° below the average of the same week in forty-three years (as determined by Mr. Glaisher). The mean daily temperature was below the average on every day, and on Thursday the extent of depression was 6·2°. The thermometer fell to its *lowest* point on Thursday, viz., 43·8°; and rose to its *highest* in the shade on Saturday, which was 78·2°. The range of the week was therefore 34·4°; the mean daily range was 24·5°. The difference between the mean dew-point temperature and air temperature was so great as 10·7°. The mean degree of humidity was only 68. The mean temperature of the water of the Thames was 65·7°. On Sunday morning the wind, which was in the south-west, blew sometimes with a pressure increasing to 15 lbs. on the square foot; and the trees in Greenwich Park suffered damage to an unusual amount.

WEEK ENDING AUGUST 7th.

Twelve hundred deaths were registered in London in the week ending Saturday, August 7th. In the ten years 1848-57, the average number of deaths in corresponding weeks was 1172; but as the deaths now returned occurred in a population which has annually increased, they can only be compared with the average after the latter is raised in proportion to the increase, a correction which will make it 1289. It is necessary, however, to remark that the series of weeks from which the average is drawn, comprises two weeks, viz., one in 1849, another in 1854, when cholera was epidemic and caused excessive mortality; and if the comparison is made only with seasons not so distinguished, it will appear that the mortality of last week was not low, but rather exceeded the average.

The "healthy rate" of mortality as it is derived from those districts of England where the mortality is lowest, though not so low as when sanitary principles are better understood and applied it will become, would have produced 799 deaths in the week in a population equal to that which exists in London. The present return, therefore, shows an excess of about 400, constituting what may be called the *unnatural* part of the mortality.

It is satisfactory to observe, that the deaths from diarrhœa, which had risen from 127 to 168 in the last week of July, declined again last week to 130. The corrected average for ten corresponding weeks is 172; and in the first week of August last year the number from this complaint rose to 258. Fifteen deaths were reported in the previous return from cholera: the

number now returned is only five, two of which are those of adults, a brewer who died from "English cholera" in Bermondsey, and a labourer in Woolwich Arsenal, who died of cholera after a few hours illness. Scarlatina appears to be increasing; the deaths from it in the last three weeks were 58, 78, and 86. Mr. Simpson, the Registrar of St. Giles, North, registered five deaths from scarlatina last week; he states that it is much on the increase in his sub-district, and mentions a house, 25, High Street, where three fatal cases of the disease have occurred within a week.

Six nonagenarians died in the week; the two oldest were a woman, aged 95 years, who died in the Workhouse, Lambeth, and a widow, aged 99, who had lived in Charlotte Street, Tottenham-court Road.

Last week the births of 795 boys and 758 girls, in all 1553 children, were registered in London. In the ten corresponding weeks of the years 1848-57 the average number was 1505.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·952 in. The mean daily reading was above 30 in. on three days. The instrument rose to 30·26 in. on Saturday. The mean temperature of the week was 62·4°, which is 0·2° above the average of the same week in 43 years (as determined by Mr. Glaisher). The thermometer in the shade rose to 80·9° on Tuesday, the *highest* point in the week; it fell on Monday to 45·1°. The range of the week was therefore 35·8°; the mean daily range was 27·2°. The thermometer in the sun on Thursday stood at 104·7°. The difference between the mean dew-point temperature and air temperature was 12·4°; the mean degree of humidity of the air was 64, complete saturation being represented by 100. The mean temperature of the water of the Thames was 66°. The wind blew generally from the south-west. The weather was fine, and the whole amount of rain measured was only 0·04 in.

THE CONFERRING OF MEDICAL DEGREES IN THE UNIVERSITY OF EDINBURGH.

THE annual public meeting of the Senatus Academicus of the University of Edinburgh, for formally conferring degrees in medicine on the successful candidates, was held on August 2nd. About five hundred persons, including many ladies, attended the meeting. The were also present Dr. Conolly, Sir Charles Hastings, Dr. Webster, and several other members of the British Medical Association, who had remained to witness the ceremony. The Principal had as usual on his right hand the Lord Provost and the magistrates in their scarlet robes. This will probably be the last appearance of the municipal authorities upon such an occasion. After prayers in Latin, the oath was administered. The Promoter (Professor Balfour) then introduced each new graduate by name to the Principal, who, addressing each individual by name as he passed before him, placed on his head the doctor's cap, and pronounced the words, "*Te doctorem in medicinâ creo.*"

Principal LEE called upon the Promoter to address the gentlemen upon whom degrees had been conferred.

Professor BALFOUR congratulated the new graduates, in name of the senatus, on their having attained the *summos honores medicinæ*. The degree which had been attained implied, he said, not only a certain amount of preliminary and scientific study, but also a good practical knowledge of the profession of medicine. It conferred, to use the words of the diploma, "amplissimam potestatem medicinam, ubique gentium, legendi, docendi, et faciendi." "For many years this power has been to a certain extent limited in Britain by restrictive regulations. These restrictions are now at last abolished, and a free scope is given to all duly qualified medical men to practise every department of the profession, in all parts of Her Majesty's dominions, without let or hindrance. All that is required under the new Act is, that the education and examinations shall be satisfactory to the Medical Council. And here I may remark that this Act has been supported in its various stages by the British Medical Association—that great institution, which, having commenced under the auspices of Sir Charles Hastings (an Edinburgh graduate) and men of a like stamp, has now risen to eminence and renown, and which has at this time honoured our city by holding its meetings here—presided over by our deeply-respected and revered Alison, whose logical reasonings and sound medical instructions have long cast a halo round our school; who is known wherever medicine is cultivated; and whose name carries with it a talismanic charm which rallies his affectionate pupils everywhere. We have welcomed that body within our walls. We have rejoiced to meet in friendly and social intercourse with the members of our enlightened profession from all parts of the empire, many of whom were educated at this University, and retain towards it sentiments of affectionate regard. Such meetings are peculiarly interesting and important. They tend to the advancement of medicine, they unite those who are labouring in one common cause, they cement friendships, and they encourage profitable and lasting intercourse. . . . Scotland, England, and Ireland are now alike open to all qualified medical practitioners. We owe our most cordial thanks to the Right Honourable William Cowper and to Lord Elcho for their successful exertions in obtaining for us this boon. We are also not a little indebted to the exertions of some of our own graduates." Professor Balfour then glanced at the present state of the medical department. He next spoke of the joyful epoch which the graduates had attained in their career, and reminded them that there was no time for indolence if they hoped to succeed in the profession which they had embraced. "Let not your honours and acquirements puff you up and make you think of yourselves more highly than you ought to think; but think soberly, and cultivate that humbleness of mind which characterises true greatness. Let your aim be to advance medicine, and to build it up on a solid basis—on rational principles—and by an industrious method. Be not guided by a blind experience, which is nothing but empiricism. Endeavour to raise the superstructure of medicine on sound principles and rational experiments. Be prepared at all times to give a reason for the system of practice which you adopt, and the medical treatment you pursue. Let your motto be—*Nullius addictus jurare in verba magistri.*" After adverting to the peculiar facilities for the practical prosecution of science in all its departments afforded by the University of Edinburgh, Professor Balfour said—"I add, with confidence, the chemical department is about to be superintended by a man of European fame, who will shed a lustre on our University—whose zeal in science has placed him high in the ranks of chemists, and whose remarkable powers of teaching promise to attract students to Edinburgh from all parts of the world. We welcome among us this day Dr. Lyon Playfair." [*Loud and repeated plaudits, after which Professor Playfair rose and bowed to the assembly, which was the signal renewed for applause.*] Regarding the Scottish Universities Act, Professor Balfour said, "In former times it might have been said that graduates lost their connection with the University when they shook hands with the assembled professors at the graduation ceremony. This can no longer be alleged. The Universities of Scotland Bill, so well prepared and so ably carried through, by Lord Advocate Inglis, will bind the graduate to his *alma mater*. The medical faculty of this University have used every effort to obtain for graduates in medicine the same privileges for graduates in arts. Their efforts have been successful. The Act is calculated to improve the condition of Scottish universities. It will encourage the student to go through a regular university curriculum in place of prosecuting their studies in a desultory manner at various schools and colleges. And it will thus, it is hoped, ensure that training which is so essential for the successful prosecution of medicine. It will also encourage a preliminary education in literature and philosophy, and will thus tend to rise the social status in graduates." The Professor remarked that he did not look upon a university as merely a board of examiners, whose duty was simply to test the qualifications of candidates without reference to collegiate training. Every university ought to have within itself the means of training the pupil during his curriculum, of observing the annual progress in his studies, and of exercising a certain degree of *surveillance* over his general deportment, so that when candidates appear for honours, that appearance may be regarded as a surer criterion for their acquirements than that afforded by a mere professional examination. After enlarging upon this topic, the Professor concluded by an eloquent appeal to the graduates in relation to the important duties which lay before them in the warfare of life, both as Christians and members of the medical profession.

When the applause which followed the termination of the address had subsided, the graduates passed before the professors, and were individually congratulated by each professor. The Principal then closed the proceedings by prayer.

HARVEIAN SOCIETY OF LONDON. A handsome silver inkstand has been presented by members of this society to Dr. Joseph Ridge, in testimony of his valuable services as Treasurer.